



BUILDING DEPARTMENT
Ontario Building Code Data Matrix

Firm Name: Certificate of Practice Number: Enter address and contact information here. The certificate of practice number of the holder is the holder's BCDN. Name of Project: Location (address):	Apply seal and signature here. The architect/engineer noted above has exercised responsible control with respect to design activities.
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Item	Ontario Building Code Data							OBC Reference		
1	Project Description:		Change of use:		<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Renovation					
			<input type="checkbox"/> Yes <input type="checkbox"/> No							
2	Major Occupancy(s): (Please Describe)									
3	Building Area:	Existing _____ m ²	New _____ m ²	Total _____ m ²						
4	Gross Area:	Existing _____ m ²	New _____ m ²	Total _____ m ²						
5	Number of storeys:	Above Grade _____	Below Grade _____							
6	Height of Building:	_____ m								
7	Number of Streets:									
8	Building Classification: 3.2.2. _____		Group: _____		Division: _____					
9	Sprinkler System:		<input type="checkbox"/> Entire Building <input type="checkbox"/> In Lieu of Roof Rating <input type="checkbox"/> Basement Only <input type="checkbox"/> Not Required							
10	Standpipe System:		<input type="checkbox"/> Yes <input type="checkbox"/> No							
11	Fire Alarm:		<input type="checkbox"/> Yes <input type="checkbox"/> No							
12	Fire Fighting Water Supply, as Required by 3.2.5.7., is Provided by Means of: (Please Describe)									
13	High Building per 3.2.6.:		<input type="checkbox"/> Yes <input type="checkbox"/> No							
14	Permitted Construction:		<input type="checkbox"/> Combustible <input type="checkbox"/> Noncombustible <input type="checkbox"/> Both							
	Proposed Construction:		<input type="checkbox"/> Combustible <input type="checkbox"/> Noncombustible <input type="checkbox"/> Both							
15	Mezzanine(s):	Aggregate Area _____ m ²	% of Floor/Suite _____							
16	Occupant Load: _____ persons		Based on: <input type="checkbox"/> m ² /person <input type="checkbox"/> Design of Building							
17	Barrier Free Design:		<input type="checkbox"/> Yes <input type="checkbox"/> No (explain)							
18	Spatial Separation - Construction of Exterior Walls									
	Wall	Area of EBF (m ²)	L.D. (m)	L/H or H/L	Max. Permitted % of Openings	Proposed % of Openings	FRR (hrs.)	Comb. Constr.	Comb. Constr. w/ Nonc. Cladding	Nonc. Constr. w/ Nonc. Cladding
	North									
	South									
	East									
	West									