

Firm Name: _____ Certificate of Practice Number: _____ Name of Project: _____ Location (address): _____	
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Item	Ontario Building Code Data Parts 3, 9, 10, 11	OBC Reference																												
	Building Code Version: <u>O. Reg. 332/12</u> Last Amendment: <u>O. Reg. 191/14</u>																													
	<p> <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Change of use <input type="checkbox"/> Addition and renovation </p> <p>Project Type</p> <p>Description: _____</p>	[A] 1.1.2.																												
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;"><u>Occupancy</u></th> <th style="width: 50%; text-align: left;"><u>Use</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Major Occupancy Classification</p>	<u>Occupancy</u>	<u>Use</u>	_____	_____	_____	_____	_____	_____	3.1.2.1.(1) or 9.10.2.																				
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	<p> <input type="checkbox"/> No <input type="checkbox"/> Yes </p> <p>Superimposed Major Occupancies</p> <p>Description: _____</p>	3.2.2.7. or 9.10.2.3.																												
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;"><u>Description:</u></th> <th style="width: 12.5%; text-align: center;"><u>Existing</u></th> <th style="width: 12.5%; text-align: center;"><u>New</u></th> <th style="width: 12.5%; text-align: center;"><u>Total</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td style="text-align: right;">Total</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Building Area (m²)</p>	<u>Description:</u>	<u>Existing</u>	<u>New</u>	<u>Total</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Total	_____	_____	_____	[A] 1.4.1.2.
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	Mezzanine Area (m²)	<u>Description:</u> _____ _____ _____ _____ _____ Total _____ Existing _____ New _____ Total _____	3.2.1.1. or 9.10.4.1.
	Building Height	_____ Storeys above grade _____ Storeys below grade _____ (m) Above grade	[A] 1.4.1.2. or 3.2.1.1. or 9.10.4.1.
	High Building	<input type="checkbox"/> No <input type="checkbox"/> Yes	3.2.6.
	Number of Streets/ Firefighter access	_____ street(s)	3.2.2.10. & 3.2.5. or 9.10.20.
	Building Classification (Size and Construction Relative to Occupancy)	3.2.2. _____ Group/Div: _____	3.2.2.20. - 83.
	Existing Building Classification	Change in Major Occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable (no change of major occupancy) Construction Index: _____ Hazard Index: _____ Importance Category : <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> High <input type="checkbox"/> Post-disaster	11.2.1.1. T 11.2.1.1A T 11.2.1.1B to N 4.2.1.(3), 5.2.2.1.(2)
	Building Size	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> > Large	T.11.2.1.1.B.-N.
	Sprinkler System	<input type="checkbox"/> Required <input type="checkbox"/> Not Required <u>Proposed:</u> <input type="checkbox"/> entire building <input type="checkbox"/> selected compartments <input type="checkbox"/> selected floor areas <input type="checkbox"/> basement <input type="checkbox"/> in lieu of roof rating <input type="checkbox"/> none	3.2.1.5. & 3.2.2.17. or 9.10.8.2.-4.
	Standpipe System	<input type="checkbox"/> Not required <input type="checkbox"/> Required	3.2.9.
	Fire Alarm System	<input type="checkbox"/> Required <input type="checkbox"/> Not required <u>Proposed:</u> <input type="checkbox"/> Single stage <input type="checkbox"/> Two stage <input type="checkbox"/> None	3.2.4. or 9.10.18.

	Water Service / Supply is Adequate	<input type="checkbox"/> No <input type="checkbox"/> Yes	N/A																								
	Construction Type	<u>Restriction:</u> <input type="checkbox"/> Combustible permitted <input type="checkbox"/> Non-combustible required <u>Actual:</u> <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Combination <u>Heavy Timber Construction:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes	3.2.2.20. - 83. & 3.2.1.4. or 9.10.6.																								
	Post-disaster Building	<input type="checkbox"/> No <input type="checkbox"/> Yes	[A] 1.1.2.2.(2)																								
	Importance Category	<input type="checkbox"/> Low <input type="checkbox"/> Low human occupancy <input type="checkbox"/> Post-disaster shelter <input type="checkbox"/> Normal <input type="checkbox"/> High <input type="checkbox"/> Minor storage building <input type="checkbox"/> Explosive or hazardous substances <input type="checkbox"/> Post-disaster	4.1.2.1.(3) & T4.1.2.1.B																								
	Seismic Hazard Index	$(I_E Fa Sa (0.2)) = \underline{\hspace{2cm} 0 \hspace{2cm}}$ Seismic design required for Table 4.1.8.18. items 6 to 21: $(I_E Fa Sa (0.2)) \geq 0.35$ or Post-disaster <input type="checkbox"/> No <input type="checkbox"/> Yes	4.1.2.1.(3) 4.1.8.18.(2)																								
	Renovation type	<input type="checkbox"/> Basic Renovation <input type="checkbox"/> Extensive Renovation	11.3.3.1. 11.3.3.2.																								
	Occupant Load	<table border="1"> <thead> <tr> <th><u>Floor Level/Area</u></th> <th><u>Occupancy Type</u></th> <th><u>Based on</u></th> <th><u>Occupant Load</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Floor Level/Area</u>	<u>Occupancy Type</u>	<u>Based on</u>	<u>Occupant Load</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	3.1.17.
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	Barrier-free Design	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____	3.8. or 9.5.2.																								
	Hazardous Substances	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____	3.3.1.2. & 3.3.1.19. or 9.10.1.3.																								
	Required Fire Resistance Ratings	<table border="1"> <thead> <tr> <th><u>Horizontal Assembly</u></th> <th><u>Rating</u></th> <th><u>Supporting Assembly (H)</u></th> <th><u>Noncombustible in lieu of rating?</u></th> </tr> </thead> <tbody> <tr> <td>Floors over bsmt</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td>Floors</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td>Mezzanine</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td>Roof</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> </tbody> </table>	<u>Horizontal Assembly</u>	<u>Rating</u>	<u>Supporting Assembly (H)</u>	<u>Noncombustible in lieu of rating?</u>	Floors over bsmt	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Floors	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Mezzanine	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Roof	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	3.2.2.20. - 83. & 3.2.1.4. or 9.10.8.				
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	<p>Energy Efficiency</p>	<p>Compliance Path: _____</p> <p>Climatic Zone: _____</p> <p><u>Category</u></p> <p><u>Non-residential Compliance Option:</u></p> <p><input type="checkbox"/> SB-10 Prescriptive (Div.4)</p> <p><input type="checkbox"/> SB-10 Performance (Div.2)</p> <p><input type="checkbox"/> SB-10 Prescriptive (Div.2)</p> <p><u>Residential Compliance Option:</u></p> <p><input type="checkbox"/> SB-12 Prescriptive Compliance Packages</p> <p><input type="checkbox"/> SB-12 Performance Compliance</p> <p><input type="checkbox"/> SB-12 Other: Energy Star for New Homes</p> <p><input type="checkbox"/> EnerGuide for New Houses</p> <p><u>Project Design Conditions:</u></p> <p>Climatic Zone: _____</p> <table border="1"> <thead> <tr> <th>Fenestration</th> <th>Gross Above Grade Wall or Roof Area (m2)</th> <th>Gross Fenestration Area (m2)</th> <th>Fenestration Ratio (%)</th> </tr> </thead> <tbody> <tr> <td>Vertical (W+D)</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Skylights</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Fenestration	Gross Above Grade Wall or Roof Area (m2)	Gross Fenestration Area (m2)	Fenestration Ratio (%)	Vertical (W+D)	_____	_____	_____	Skylights	_____	_____	_____	<p>12.2.1.</p>																														
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	<p>Compensating Construction</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes _____</p> <p>Structural: <input type="checkbox"/> No <input type="checkbox"/> Yes _____</p> <p>Increase in occupant load: <input type="checkbox"/> No <input type="checkbox"/> Yes _____</p> <p>Change of major occupancy: <input type="checkbox"/> No <input type="checkbox"/> Yes _____</p> <p>Plumbing: <input type="checkbox"/> No <input type="checkbox"/> Yes _____</p> <p>Sewage systems: <input type="checkbox"/> No <input type="checkbox"/> Yes _____</p> <p>Extension of combustible construction: <input type="checkbox"/> No <input type="checkbox"/> Yes _____</p>	<p>11.4.3.1,</p> <p>11.4.3.2,</p> <p>11.4.3.3,</p> <p>11.4.3.4,</p> <p>11.4.3.5,</p> <p>11.4.3.6,</p> <p>11.4.3.7.</p>
	<p>Notes</p>		