

Name of Practice:
RG Consulting Inc.

Name of Project:
AIRPORT KING Inc. – Art + Work = Sandhill, On

Location:
**13940 AIRPORT ROAD
 Building A**

Item	Ontario Building Code Data Matrix Parts 3 or 9				Building Code Reference	
					References are to Division B unless noted [A] for Division A or [C] for Division C.	
1	Project Description:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Change of Use	<input type="checkbox"/> Part 11 11.1 to 11.4	<input checked="" type="checkbox"/> Part 3 1.1.2. [A]	<input type="checkbox"/> Part 9 1.1.2. [A] & 9.10.1.3.	
2	Major Occupancy(s) Group E			3.1.2.1.(1)	9.10.2.	
3	Building Area (m ²)	Existing ___ N/A	New <u>375</u> Total <u>375</u>	1.4.1.2. [A]	1.4.1.2. [A]	
4	Gross Area	Existing ___ N/A	New <u>375</u> Total <u>375</u>	1.4.1.2. [A]	1.4.1.2. [A]	
5	Number of Storeys	Above grade <u>1</u>	Below grade <u>0</u>	1.4.1.2. [A]&3.2.1.1.	1.4.1.2[A] & 9.10.4	
6	Number of Streets/Fire Fighter Access	<u>1</u>		3.2.2.10. & 3.2.5.	9.10.20.	
7	Building Classification –3.2.2.62 Group E, Up to 2 Storeys Sprinklered			3.2.2.20.-.83	9.10.2.	
8	Sprinkler System Proposed	<input checked="" 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"/> not required		3.2.2.20.-.83 3.2.1.5. 3.2.2.17. INDEX	9.10.8.2. INDEX	
9	Standpipe required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.9.	N/A	
10	Fire Alarm required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.4.	9.10.18.	
11	Water Service/Supply is Adequate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3.2.5.7.	N/A	
12	High Building	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.6.	N/A	
13	Construction Restrictions	<input type="checkbox"/> Combustible permitted Actual Construction <input type="checkbox"/> Combustible	<input type="checkbox"/> Non-combustible required <input checked="" type="checkbox"/> Non-combustible Both	3.2.2.20.-.83	9.10.6.	
14	Mezzanine(s) Area m ²	<u>N/A</u>		3.2.1.1.(3)-(8)	9.10.4.1.	
15	Occupant load based on	<input type="checkbox"/> m ² /person	<input checked="" type="checkbox"/> design of building	3.1.17.	9.9.1.3.	
	Basement:	Occupancy _____	Load _____ persons			
	1 st Floor	Occupancy _____	Load <u>50</u> persons			
	2 nd Floor	Occupancy _____	Load _____ persons			
	3 rd Floor	Occupancy _____	Load _____ persons			
	(Additional floor areas continued on last page)					
16	Barrier-free Design	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain) _____		3.8.	9.5.2.	
17	Hazardous Substances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.3.1.2. & 3.3.1.19.	9.10.1.3.(4)	

18	Required Fire Resistance Rating (FRR)	Horizontal Assemblies				Listed Design No. or Description (SG-2)			3.2.2.20.-.83 & 3.2.1.4.		9.10.8.
		FRR (Hours)									9.10.9.
		Floors <u>0.75</u> Hours									
		Roof <u>N/A</u> Hours									
		Mezzanine <u>N/A</u> Hours									
		FRR of Supporting Members				Listed Design No. Or Description (SG-2)					
		Floors <u>0.75</u> Hours									
		Roof <u>N/A</u> Hours									
		Mezzanine <u>N/A</u> Hours									
19	Spatial Separation – Construction of Exterior Walls-NOT APPLICABLE/T.B.D.								3.2.3.		9.10.14.
	Wall	Area of EBF (m ²)	L.D. (m)	L/H or H/L	Permitted Max. % of Openings	Proposed % of Openings	FRR (Hours)	Listed Design or Description	Comb Const	Comb. Constr. Nonc. Cladding	Non-comb. Constr.
	North										
	South										
	East (street)										
	West										

Name of Practice:
RG Consulting Inc.

Name of Project:
AIRPORT KING Inc. – Art + Work = Sandhill, On

Location:
**13940 AIRPORT ROAD
Building B**

Item	Ontario Building Code Data Matrix Parts 3 or 9				Building Code Reference	
					References are to Division B unless noted [A] for Division A or [C] for Division C.	
1	Project Description:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Change of Use	<input type="checkbox"/> Part 11 11.1 to 11.4	<input checked="" type="checkbox"/> Part 3 1.1.2. [A]	<input type="checkbox"/> Part 9 1.1.2. [A] & 9.10.1.3.	
2	Major Occupancy(s) Group E			3.1.2.1.(1)	9.10.2.	
3	Building Area (m ²)	Existing ___ N/A	New ___ 2900	Total ___ 2900	1.4.1.2. [A]	1.4.1.2. [A]
4	Gross Area	Existing ___ N/A	New ___ 3933	Total ___ 3933	1.4.1.2. [A]	1.4.1.2. [A]
5	Number of Storeys	Above grade ___ 2	Below grade ___ 0	1.4.1.2. [A]&3.2.1.1. 1.4.1.2[A] & 9.10.4		
6	Number of Streets/Fire Fighter Access ___ 1			3.2.2.10. & 3.2.5.	9.10.20.	
7	Building Classification –3.2.2.60 Group E, Up to 3 Storeys Sprinklered			3.2.2.20.-.83	9.10.2.	
8	Sprinkler System Proposed	<input checked="" 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"/> not required		3.2.2.20.-.83 3.2.1.5. 3.2.2.17. INDEX	9.10.8.2. INDEX	
9	Standpipe required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.9.	N/A	
10	Fire Alarm required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.4.	9.10.18.	
11	Water Service/Supply is Adequate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3.2.5.7.	N/A	
12	High Building	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.6.	N/A	
13	Construction Restrictions	<input type="checkbox"/> Combustible permitted	<input type="checkbox"/> Non-combustible required	X Both	3.2.2.20.-.83	9.10.6.
	Actual Construction	<input type="checkbox"/> Combustible	X Non-combustible	Both		
14	Mezzanine(s) Area m ² ___ N/A			3.2.1.1.(3)-(8)	9.10.4.1.	
15	Occupant load based on	<input type="checkbox"/> m ² /person	X design of building	3.1.17. 9.9.1.3.		
	Basement:	Occupancy _____	Load _____ persons			
	1 st Floor	Occupancy _____	Load ___ 75___ persons			
	2 nd Floor	Occupancy _____	Load ___ 50___ persons			
	3 rd Floor	Occupancy _____	Load _____ persons			
	(Additional floor areas continued on last page)					
16	Barrier-free Design	X Yes <input type="checkbox"/> No (Explain) _____		3.8.	9.5.2.	
17	Hazardous Substances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.3.1.2. & 3.3.1.19.	9.10.1.3.(4)	

18	Required Fire Resistance Rating (FRR)	Horizontal Assemblies FRR (Hours)					Listed Design No. or Description (SG-2)		3.2.2.20.-.83 & 3.2.1.4.		9.10.8. 9.10.9.
		Floors <u>0.75</u> Hours									
		Roof <u>N/A</u> Hours									
		Mezzanine <u>0.75</u> Hours									
		FRR of Supporting Members					Listed Design No. Or Description (SG-2)				
		Floors <u>0.75</u> Hours									
		Roof <u>N/A</u> Hours									
		Mezzanine <u>0.75</u> Hours									
19	Spatial Separation – Construction of Exterior Walls-NOT APPLICABLE/T.B.D.							3.2.3.		9.10.14.	
	Wall	Area of EBF (m ²)	L.D. (m)	L/H or H/L	Permitted Max. % of Openings	Proposed % of Openings	FRR (Hours)	Listed Design or Description	Comb Const	Comb. Constr. Nonc. Cladding	Non-comb. Constr.
	North										
	South										
	East (street)										
	West										

Name of Practice:
RG Consulting Inc.

Name of Project:
AIRPORT KING Inc. – Art + Work = Sandhill, On

Location:
**13940 AIRPORT ROAD
Building C**

Item	Ontario Building Code Data Matrix Parts 3 or 9				Building Code Reference	
					References are to Division B unless noted [A] for Division A or [C] for Division C.	
1	Project Description:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Change of Use	<input type="checkbox"/> Part 11 11.1 to 11.4	<input checked="" type="checkbox"/> Part 3 1.1.2. [A]	<input type="checkbox"/> Part 9 1.1.2. [A] & 9.10.1.3.	
2	Major Occupancy(s) Group E			3.1.2.1.(1)	9.10.2.	
3	Building Area (m ²)	Existing ___ N/A	New _ 773	Total _ 773	1.4.1.2. [A]	1.4.1.2. [A]
4	Gross Area	Existing ___ N/A	New _ 1210	Total _ 1210	1.4.1.2. [A]	1.4.1.2. [A]
5	Number of Storeys	Above grade _ 2	Below grade _ 0		1.4.1.2. [A]&3.2.1.1.	1.4.1.2[A] & 9.10.4
6	Number of Streets/Fire Fighter Access	_ 1			3.2.2.10. & 3.2.5.	9.10.20.
7	Building Classification	-3.2.2.62 Group E, Up to 2 Storeys Sprinklered			3.2.2.20.-.83	9.10.2.
8	Sprinkler System Proposed	<input checked="" 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"/> not required		3.2.2.20.-.83 3.2.1.5. 3.2.2.17. INDEX	9.10.8.2. INDEX	
9	Standpipe required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			3.2.9.	N/A
10	Fire Alarm required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			3.2.4.	9.10.18.
11	Water Service/Supply is Adequate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			3.2.5.7.	N/A
12	High Building	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			3.2.6.	N/A
13	Construction Restrictions	<input type="checkbox"/> Combustible permitted	<input type="checkbox"/> Non-combustible required	<input checked="" type="checkbox"/> Both	3.2.2.20.-.83	9.10.6.
	Actual Construction	<input type="checkbox"/> Combustible	<input checked="" type="checkbox"/> Non-combustible	<input type="checkbox"/> Both		
14	Mezzanine(s) Area m ²	_____ N/A			3.2.1.1.(3)-(8)	9.10.4.1.
15	Occupant load based on	<input type="checkbox"/> m ² /person	<input checked="" type="checkbox"/> design of building		3.1.17.	9.9.1.3.
	Basement:	Occupancy _____	Load _____ persons			
	1 st Floor	Occupancy _____	Load _ 75 _ persons			
	2 nd Floor	Occupancy _____	Load _ 25 _ persons			
	3 rd Floor	Occupancy _____	Load _____ persons			
	(Additional floor areas continued on last page)					
16	Barrier-free Design	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain) _____			3.8.	9.5.2.
17	Hazardous Substances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			3.3.1.2. & 3.3.1.19.	9.10.1.3.(4)

18	Required Fire Resistance Rating (FRR)	Horizontal Assemblies FRR (Hours)					Listed Design No. or Description (SG-2)		3.2.2.20.-.83 & 3.2.1.4.		9.10.8. 9.10.9.
		Floors <u>0.75</u> Hours									
		Roof <u>N/A</u> Hours									
		Mezzanine <u>N/a</u> Hours									
		FRR of Supporting Members					Listed Design No. Or Description (SG-2)				
		Floors <u>0.75</u> Hours									
		Roof <u>N/A</u> Hours									
		Mezzanine <u>N/A</u> Hours									
19	Spatial Separation – Construction of Exterior Walls-NOT APPLICABLE/T.B.D.							3.2.3.		9.10.14.	
	Wall	Area of EBF (m ²)	L.D. (m)	L/H or H/L	Permitted Max. % of Openings	Proposed % of Openings	FRR (Hours)	Listed Design or Description	Comb Const	Comb. Constr. Nonc. Cladding	Non-comb. Constr.
	North										
	South										
	East (street)										
	West										

Name of Practice:
RG Consulting Inc.

Name of Project:
AIRPORT KING Inc. – Art + Work = Sandhill, On

Location:
**13846 AIRPORT ROAD
Building D**

Item	Ontario Building Code Data Matrix Parts 3 or 9				Building Code Reference	
					References are to Division B unless noted [A] for Division A or [C] for Division C.	
1	Project Description:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Change of Use	<input type="checkbox"/> Part 11 11.1 to 11.4	<input checked="" type="checkbox"/> Part 3 1.1.2. [A]	<input type="checkbox"/> Part 9 1.1.2. [A] & 9.10.1.3.	
2	Major Occupancy(s) Group E			3.1.2.1.(1)	9.10.2.	
3	Building Area (m ²)	Existing ___ N/A New _ 726 Total _ 726		1.4.1.2. [A]	1.4.1.2. [A]	
4	Gross Area	Existing ___ N/A New _ 1117 Total _ 1117		1.4.1.2. [A]	1.4.1.2. [A]	
5	Number of Storeys	Above grade _ 2 Below grade _ 0		1.4.1.2. [A]&3.2.1.1.	1.4.1.2[A] & 9.10.4	
6	Number of Streets/Fire Fighter Access	_ 1		3.2.2.10. & 3.2.5.	9.10.20.	
7	Building Classification	-3.2.2.62 Group E, Up to 2 Storeys Sprinklered		3.2.2.20.-.83	9.10.2.	
8	Sprinkler System Proposed	<input checked="" 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"/> not required		3.2.2.20.-.83 3.2.1.5. 3.2.2.17. INDEX	9.10.8.2. INDEX	
9	Standpipe required	<input type="checkbox"/> Yes X No		3.2.9.	N/A	
10	Fire Alarm required	<input type="checkbox"/> Yes X No		3.2.4.	9.10.18.	
11	Water Service/Supply is Adequate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3.2.5.7.	N/A	
12	High Building	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.6.	N/A	
13	Construction Restrictions	<input type="checkbox"/> Combustible permitted <input type="checkbox"/> Combustible	<input type="checkbox"/> Non-combustible required X Non-combustible	X Both	3.2.2.20.-.83 9.10.6.	
14	Mezzanine(s) Area m ²	_____ N/A		3.2.1.1.(3)-(8)	9.10.4.1.	
15	Occupant load based on	<input type="checkbox"/> m ² /person X design of building		3.1.17.	9.9.1.3.	
	Basement:	Occupancy _____	Load _____ persons			
	1 st Floor	Occupancy _____	Load _ 75 _ persons			
	2 nd Floor	Occupancy _____	Load _ 25 _ persons			
	3 rd Floor	Occupancy _____	Load _____ persons			
	(Additional floor areas continued on last page)					
16	Barrier-free Design	X Yes <input type="checkbox"/> No (Explain) _____		3.8.	9.5.2.	
17	Hazardous Substances	<input type="checkbox"/> Yes X No		3.3.1.2. & 3.3.1.19.	9.10.1.3.(4)	

18	Required Fire Resistance Rating (FRR)	Horizontal Assemblies FRR (Hours)					Listed Design No. or Description (SG-2)		3.2.2.20.-.83 & 3.2.1.4.		9.10.8. 9.10.9.	
		Floors <u>0.75</u> Hours										
		Roof <u>N/A</u> Hours										
		Mezzanine <u>N/A</u> Hours										
		FRR of Supporting Members					Listed Design No. Or Description (SG-2)					
		Floors <u>0.75</u> Hours										
		Roof <u>N/A</u> Hours										
		Mezzanine <u>N/A</u> Hours										
19	Spatial Separation – Construction of Exterior Walls-NOT APPLICABLE/T.B.D.								3.2.3.		9.10.14.	
	Wall	Area of EBF (m ²)	L.D. (m)	L/H or H/L	Permitted Max. % of Openings	Proposed % of Openings	FRR (Hours)	Listed Design or Description	Comb Const	Comb. Constr. Nonc. Cladding	Non-comb. Constr.	
	North											
	South											
	East (street)											
	West											

Name of Practice:
RG Consulting Inc.

Name of Project:
AIRPORT KING Inc. – Art + Work = Sandhill, On

Location:
**13846 AIRPORT ROAD
Building E**

Item	Ontario Building Code Data Matrix Parts 3 or 9				Building Code Reference	
					References are to Division B unless noted [A] for Division A or [C] for Division C.	
1	Project Description:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Change of Use	<input type="checkbox"/> Part 11 11.1 to 11.4	<input checked="" type="checkbox"/> Part 3 1.1.2. [A]	<input type="checkbox"/> Part 9 1.1.2. [A] & 9.10.1.3.	
2	Major Occupancy(s) Group F, Division 2			3.1.2.1.(1)	9.10.2.	
3	Building Area (m ²)	Existing ___ N/A	New _3377_ Total _3377_	1.4.1.2. [A]	1.4.1.2. [A]	
4	Gross Area	Existing ___ N/A	New _4198_ Total _4198_	1.4.1.2. [A]	1.4.1.2. [A]	
5	Number of Storeys	Above grade _2_	Below grade _0_	1.4.1.2. [A]&3.2.1.1.	1.4.1.2[A] & 9.10.4	
6	Number of Streets/Fire Fighter Access _1_			3.2.2.10. & 3.2.5.	9.10.20.	
7	Building Classification –3.2.2.70B Group F2, Up to 4 Storeys Sprinklered			3.2.2.20.-.83	9.10.2.	
8	Sprinkler System Proposed		<input checked="" 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"/> not required	3.2.2.20.-.83 3.2.1.5. 3.2.2.17. INDEX	9.10.8.2. INDEX	
9	Standpipe required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.2.9.	N/A	
10	Fire Alarm required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.2.4.	9.10.18.	
11	Water Service/Supply is Adequate		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.2.5.7.	N/A	
12	High Building		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.2.6.	N/A	
13	Construction Restrictions	<input type="checkbox"/> Combustible permitted	<input type="checkbox"/> Non-combustible required <input checked="" type="checkbox"/> Both	3.2.2.20.-.83	9.10.6.	
	Actual Construction	<input type="checkbox"/> Combustible	<input checked="" type="checkbox"/> Non-combustible <input type="checkbox"/> Both			
14	Mezzanine(s) Area m ² _____ N/A			3.2.1.1.(3)-(8)	9.10.4.1.	
15	Occupant load based on	<input type="checkbox"/> m ² /person	<input checked="" type="checkbox"/> design of building	3.1.17.	9.9.1.3.	
	Basement:	Occupancy _____	Load _____ persons			
	1 st Floor	Occupancy _____	Load _125_ persons			
	2 nd Floor	Occupancy _____	Load _25_ persons			
	3 rd Floor	Occupancy _____	Load _____ persons			
	(Additional floor areas continued on last page)					
16	Barrier-free Design		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain) _____	3.8.	9.5.2.	
17	Hazardous Substances		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.3.1.2. & 3.3.1.19.	9.10.1.3.(4)	

18	Required Fire Resistance Rating (FRR)	Horizontal Assemblies					Listed Design No. or Description (SG-2)		3.2.2.20.-.83 & 3.2.1.4.		9.10.8. 9.10.9.	
		FRR (Hours)										
		Floors <u>0.75</u> Hours										
		Roof <u>N/A</u> Hours										
		Mezzanine <u>N/A</u> Hours										
		FRR of Supporting Members					Listed Design No. Or Description (SG-2)					
		Floors <u>0.75</u> Hours										
		Roof <u>N/A</u> Hours										
		Mezzanine <u>N/A</u> Hours										
19	Spatial Separation – Construction of Exterior Walls-NOT APPLICABLE/T.B.D.								3.2.3.		9.10.14.	
	Wall	Area of EBF (m ²)	L.D. (m)	L/H or H/L	Permitted Max. % of Openings	Proposed % of Openings	FRR (Hours)	Listed Design or Description	Comb Const	Comb. Constr. Nonc. Cladding	Non-comb. Constr.	
	North											
	South											
	East (street)											
	West											

Name of Practice:
RG Consulting Inc.

Name of Project:
AIRPORT KING Inc. – Art + Work = Sandhill, On

Location:
**13846 AIRPORT ROAD
Building F**

Item	Ontario Building Code Data Matrix Parts 3 or 9				Building Code Reference	
					References are to Division B unless noted [A] for Division A or [C] for Division C.	
1	Project Description:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Change of Use	<input type="checkbox"/> Part 11 11.1 to 11.4	<input checked="" type="checkbox"/> Part 3 1.1.2. [A]	<input type="checkbox"/> Part 9 1.1.2. [A] & 9.10.1.3.	
2	Major Occupancy(s) Group F, Division 2				3.1.2.1.(1)	9.10.2.
3	Building Area (m ²)	Existing ___ N/A	New _3476	Total _3476	1.4.1.2. [A]	1.4.1.2. [A]
4	Gross Area	Existing ___ N/A	New _4396	Total _4396	1.4.1.2. [A]	1.4.1.2. [A]
5	Number of Storeys	Above grade _2	Below grade _0		1.4.1.2. [A]&3.2.1.1.	1.4.1.2[A] & 9.10.4
6	Number of Streets/Fire Fighter Access _1				3.2.2.10. & 3.2.5.	9.10.20.
7	Building Classification –3.2.2.70B Group F2, Up to 4 Storeys Sprinklered				3.2.2.20.-.83	9.10.2.
8	Sprinkler System Proposed		<input checked="" 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"/> not required		3.2.2.20.-.83 3.2.1.5. 3.2.2.17. INDEX	9.10.8.2. INDEX
9	Standpipe required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.9.	N/A
10	Fire Alarm required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.4.	9.10.18.
11	Water Service/Supply is Adequate		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3.2.5.7.	N/A
12	High Building		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.6.	N/A
13	Construction Restrictions	<input type="checkbox"/> Combustible permitted	<input type="checkbox"/> Non-combustible required	<input checked="" type="checkbox"/> Both	3.2.2.20.-.83	9.10.6.
	Actual Construction	<input type="checkbox"/> Combustible	<input checked="" type="checkbox"/> Non-combustible	<input type="checkbox"/> Both		
14	Mezzanine(s) Area m ² _____ N/A				3.2.1.1.(3)-(8)	9.10.4.1.
15	Occupant load based on	<input type="checkbox"/> m ² /person	<input checked="" type="checkbox"/> design of building		3.1.17.	9.9.1.3.
	Basement:	Occupancy _____	Load _____ persons			
	1 st Floor	Occupancy _____	Load _125_ persons			
	2 nd Floor	Occupancy _____	Load _25_ persons			
	3 rd Floor	Occupancy _____	Load _____ persons			
	(Additional floor areas continued on last page)					
16	Barrier-free Design		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain) _____		3.8.	9.5.2.
17	Hazardous Substances		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.3.1.2. & 3.3.1.19.	9.10.1.3.(4)

18	Required Fire Resistance Rating (FRR)	Horizontal Assemblies FRR (Hours)					Listed Design No. or Description (SG-2)		3.2.2.20.-.83 & 3.2.1.4.		9.10.8. 9.10.9.
		Floors <u>0.75</u> Hours									
		Roof <u>N/A</u> Hours									
		Mezzanine <u>N/A</u> Hours									
		FRR of Supporting Members					Listed Design No. Or Description (SG-2)				
		Floors <u>0.75</u> Hours									
		Roof <u>N/A</u> Hours									
		Mezzanine <u>N/A</u> Hours									
19	Spatial Separation – Construction of Exterior Walls-NOT APPLICABLE/T.B.D.							3.2.3.		9.10.14.	
	Wall	Area of EBF (m ²)	L.D. (m)	L/H or H/L	Permitted Max. % of Openings	Proposed % of Openings	FRR (Hours)	Listed Design or Description	Comb Const	Comb. Constr. Nonc. Cladding	Non-comb. Constr.
	North										
	South										
	East (street)										
	West										

Name of Practice:
RG Consulting Inc.

Name of Project:
AIRPORT KING Inc. – Art + Work = Sandhill, On

Location:
**13846 AIRPORT ROAD
Building G**

Item	Ontario Building Code Data Matrix Parts 3 or 9				Building Code Reference	
					References are to Division B unless noted [A] for Division A or [C] for Division C.	
1	Project Description:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Change of Use	<input type="checkbox"/> Part 11 11.1 to 11.4	<input checked="" type="checkbox"/> Part 3 1.1.2. [A]	<input type="checkbox"/> Part 9 1.1.2. [A] & 9.10.1.3.	
2	Major Occupancy(s)	Group F, Division 2		3.1.2.1.(1)	9.10.2.	
3	Building Area (m ²)	Existing ___ N/A	New _3476_ Total _3476_	1.4.1.2. [A]	1.4.1.2. [A]	
4	Gross Area	Existing ___ N/A	New _4396_ Total _4396_	1.4.1.2. [A]	1.4.1.2. [A]	
5	Number of Storeys	Above grade _2_	Below grade _0_	1.4.1.2. [A]&3.2.1.1.	1.4.1.2[A] & 9.10.4	
6	Number of Streets/Fire Fighter Access	_1_		3.2.2.10. & 3.2.5.	9.10.20.	
7	Building Classification	-3.2.2.70B Group F2, Up to 4 Storeys Sprinklered		3.2.2.20.-.83	9.10.2.	
8	Sprinkler System Proposed	<input checked="" 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"/> not required		3.2.2.20.-.83 3.2.1.5. 3.2.2.17. INDEX	9.10.8.2. INDEX	
9	Standpipe required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.9.	N/A	
10	Fire Alarm required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.4.	9.10.18.	
11	Water Service/Supply is Adequate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3.2.5.7.	N/A	
12	High Building	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.2.6.	N/A	
13	Construction Restrictions	<input type="checkbox"/> Combustible permitted	<input type="checkbox"/> Non-combustible required	X Both	3.2.2.20.-.83	9.10.6.
	Actual Construction	<input type="checkbox"/> Combustible	X Non-combustible	Both		
14	Mezzanine(s) Area m ²	_____ N/A		3.2.1.1.(3)-(8)	9.10.4.1.	
15	Occupant load based on	<input type="checkbox"/> m ² /person	X design of building	3.1.17.	9.9.1.3.	
	Basement:	Occupancy _____	Load _____ persons			
	1 st Floor	Occupancy _____	Load _125_ persons			
	2 nd Floor	Occupancy _____	Load _25_ persons			
	3 rd Floor	Occupancy _____	Load _____ persons			
	(Additional floor areas continued on last page)					
16	Barrier-free Design	X Yes <input type="checkbox"/> No (Explain) _____		3.8.	9.5.2.	
17	Hazardous Substances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.3.1.2. & 3.3.1.19.	9.10.1.3.(4)	

18	Required Fire Resistance Rating (FRR)	Horizontal Assemblies FRR (Hours)					Listed Design No. or Description (SG-2)		3.2.2.20.-.83 & 3.2.1.4.		9.10.8. 9.10.9.	
		Floors <u>0.75</u> Hours										
		Roof <u>N/A</u> Hours										
		Mezzanine <u>N/A</u> Hours										
		FRR of Supporting Members					Listed Design No. Or Description (SG-2)					
		Floors <u>0.75</u> Hours										
		Roof <u>N/A</u> Hours										
		Mezzanine <u>N/A</u> Hours										
19	Spatial Separation – Construction of Exterior Walls-NOT APPLICABLE/T.B.D.								3.2.3.		9.10.14.	
	Wall	Area of EBF (m ²)	L.D. (m)	L/H or H/L	Permitted Max. % of Openings	Proposed % of Openings	FRR (Hours)	Listed Design or Description	Comb Const	Comb. Constr. Nonc. Cladding	Non-comb. Constr.	
	North											
	South											
	East (street)											
West												

Name of Practice:
RG Consulting Inc.

Name of Project:
AIRPORT KING Inc. – Art + Work = Sandhill, On

Location:
**13940 AIRPORT ROAD
Building H**

Item	Ontario Building Code Data Matrix Parts 3 or 9				Building Code Reference	
					References are to Division B unless noted [A] for Division A or [C] for Division C.	
1	Project Description:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Change of Use	<input type="checkbox"/> Part 11 11.1 to 11.4	<input checked="" type="checkbox"/> Part 3	<input type="checkbox"/> Part 9	1.1.2. [A] 1.1.2. [A] & 9.10.1.3.
2	Major Occupancy(s) Group E			3.1.2.1.(1)		9.10.2.
3	Building Area (m ²)	Existing ___ N/A	New _136.30	Total _136.30	1.4.1.2. [A]	1.4.1.2. [A]
4	Gross Area	Existing ___ N/A	New _136.30	Total _136.30	1.4.1.2. [A]	1.4.1.2. [A]
5	Number of Storeys	Above grade _1	Below grade _0		1.4.1.2. [A]&3.2.1.1.	1.4.1.2[A] & 9.10.4
6	Number of Streets/Fire Fighter Access	_1			3.2.2.10. & 3.2.5.	9.10.20.
7	Building Classification	-3.2.2.62 Group E, Up to 2 Storeys Sprinklered			3.2.2.20.-.83	9.10.2.
8	Sprinkler System Proposed	<input checked="" 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"/> not required			3.2.2.20.-.83 3.2.1.5. 3.2.2.17. INDEX	9.10.8.2. INDEX
9	Standpipe required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			3.2.9.	N/A
10	Fire Alarm required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			3.2.4.	9.10.18.
11	Water Service/Supply is Adequate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			3.2.5.7.	N/A
12	High Building	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			3.2.6.	N/A
13	Construction Restrictions	<input type="checkbox"/> Combustible permitted Actual Construction <input type="checkbox"/> Combustible	<input type="checkbox"/> Non-combustible required X Non-combustible	X Both Both	3.2.2.20.-.83	9.10.6.
14	Mezzanine(s) Area m ²	_____ N/A			3.2.1.1.(3)-(8)	9.10.4.1.
15	Occupant load based on	<input type="checkbox"/> m ² /person	X design of building		3.1.17.	9.9.1.3.
	Basement:	Occupancy _____	Load _____ persons			
	1 st Floor	Occupancy _____	Load _10_ persons			
	2 nd Floor	Occupancy _____	Load _____ persons			
	3 rd Floor	Occupancy _____	Load _____ persons			
	(Additional floor areas continued on last page)					
16	Barrier-free Design	X Yes <input type="checkbox"/> No (Explain) _____			3.8.	9.5.2.
17	Hazardous Substances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			3.3.1.2. & 3.3.1.19.	9.10.1.3.(4)

18	Required Fire Resistance Rating (FRR)	Horizontal Assemblies FRR (Hours)					Listed Design No. or Description (SG-2)		3.2.2.20.-.83 & 3.2.1.4.		9.10.8. 9.10.9.
		Floors <u>0.75</u> Hours									
		Roof <u>N/A</u> Hours									
		Mezzanine <u>N/A</u> Hours									
		FRR of Supporting Members					Listed Design No. Or Description (SG-2)				
		Floors <u>0.75</u> Hours									
		Roof <u>N/A</u> Hours									
		Mezzanine <u>N/A</u> Hours									
19	Spatial Separation – Construction of Exterior Walls-NOT APPLICABLE/T.B.D.							3.2.3.		9.10.14.	
	Wall	Area of EBF (m ²)	L.D. (m)	L/H or H/L	Permitted Max. % of Openings	Proposed % of Openings	FRR (Hours)	Listed Design or Description	Comb Const	Comb. Constr. Nonc. Cladding	Non-comb. Constr.
	North										
	South										
	East (street)										
	West										