

Ontario Building Code Data Matrix Parts 3 & 9										OBC Reference		
1	Project Description:					<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Change of Use <input type="checkbox"/> Alteration		<input type="checkbox"/> Part 11		<input type="checkbox"/> Part 3 <input type="checkbox"/> Part 9		
										2.1.1 9.10.1.3		
2	Major Occupancy(s)							3.1.2.1.(1)		9.10.2		
3	Building Area (m <sup>2</sup> ) Existing _____ New _____ Total _____							1.1.3.2		1.1.3.2		
4	Gross Area Existing _____ New _____ Total _____							1.1.3.2		1.1.3.2		
5	Number of Storeys Above grade _____ Below grade _____							3.2.1.1 & 1.1.3.2		2.1.1.3		
6	Height of Building (m)									2.1.1.3		
7	Number of Streets/Access Routes							3.2.2.10 & 3.2.5.5				
8	Building Classification							3.2.2.20-.83		9.10.4		
9	Sprinkler System Proposed					<input type="checkbox"/> entire building <input type="checkbox"/> basement only <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		9.10.8		
10	Standpipe required					<input type="checkbox"/> Yes <input type="checkbox"/> No		3.2.9				
11	Fire Alarm required					<input type="checkbox"/> Yes <input type="checkbox"/> No		3.2.4		9.10.7.2		
12	Water Service/Supply is Adequate					<input type="checkbox"/> Yes <input type="checkbox"/> No						
13	High Building					<input type="checkbox"/> Yes <input type="checkbox"/> No		3.2.6				
14	Permitted Construction					<input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible		3.2.2.20-.83		9.10.6		
	Actual Construction					<input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible						
15	Mezzanine(s) Area m <sup>2</sup>							3.2.1.1.(3)-(8)		9.10.4.1		
16	Occupant load based on					<input type="checkbox"/> m <sup>2</sup> /person <input type="checkbox"/> design of building		3.1.1.6		9.9.1.3		
	Basement:					Occupancy _____ Load _____ persons						
	1 <sup>st</sup> Floor					Occupancy _____ Load _____ persons						
	2 <sup>nd</sup> Floor					Occupancy _____ Load _____ persons						
	3 <sup>rd</sup> Floor					Occupancy _____ Load _____ persons						
17	Barrier-free Design					<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)		3.8		9.5.2		
18	Hazardous Substances					<input type="checkbox"/> Yes <input type="checkbox"/> No		3.3.1.2.(1) & 3.3.1.19(1)		9.10.1.3		
19	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 _____ Hours										
		Roof _____ Hours										
		Mezzanine _____ Hours										
		FRR of Supporting Members			Listed Design No. Or Description (SG-2)							
		Floors _____ Hours										
Roof _____ Hours												
Mezzanine _____ Hours												
20	Spatial Separation – Construction of Exterior Walls								3.2.3		9.10.14	
	Wall	Area of EBF (m <sup>2</sup> )	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											
West												
21	Other – Describe											