

Name of Practice:

Enter address and contact information here.

Name of Project:

Enter name here.

Location:

Enter address here.

Date:



Ontario Building Code Data Matrix Part 3					Building Code Reference ¹	
3.00	Building Code Version:	<u>O. Reg. 332/12</u>	Last Amendment	<u>O. Reg. 191/14</u>		
3.01	Project Type:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Change of use <input type="checkbox"/> Addition and renovation Description: _____			[A] 1.1.2.	
3.02	Major Occupancy Classification:	<u>Occupancy</u>	<u>Use</u>	_____ _____ _____		3.1.2.1.(1)
3.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes Description: _____			3.2.2.7.	
3.04	Building Area (m ²)	<u>Description:</u>	<u>Existing</u>	<u>New</u>	<u>Total</u>	[A] 1.4.1.2.
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
		Total	0	0	0	
	<i>Insert additional lines as needed</i>					

3.05	Gross Area (m ²)	<u>Description:</u> <hr/> <hr/> <hr/> <hr/> <p style="text-align: right;">Total</p>	<u>Existing</u> <hr/> <hr/> <hr/> <hr/> <hr/>	<u>New</u> <hr/> <hr/> <hr/> <hr/> <hr/>	<u>Total</u> <hr/> <hr/> <hr/> <hr/> <hr/>	[A] 1.4.1.2.
	<i>Insert additional lines as needed</i>					
3.06	Mezzanine Area (m ²)	<u>Description:</u> <hr/> <hr/> <hr/> <hr/> <p style="text-align: right;">Total</p>	<u>Existing</u> <hr/> <hr/> <hr/> <hr/> <hr/>	<u>New</u> <hr/> <hr/> <hr/> <hr/> <hr/>	<u>Total</u> <hr/> <hr/> <hr/> <hr/> <hr/>	3.2.1.1.
	<i>Insert additional lines as needed</i>					
3.07	Building Height	<u>0</u> Storeys above grade <u>0</u> Storeys below grade	<u>0</u> (m) Above grade			[A] 1.4.1.2. & 3.2.1.1.
3.08	High Building	<input type="checkbox"/> No <input type="checkbox"/> Yes				3.2.6.
3.09	Number of Streets/ Firefighter access	<u>0</u> street(s)				3.2.2.10. & 3.2.5.
3.10	Building Classification: (Size and Construction Relative to Occupancy)	3.2.2. _____ Group/Div _____				3.2.2.20. - 83.
3.11	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.
3.12	Standpipe System	<input type="checkbox"/> Not required <input type="checkbox"/> Required				3.2.9.
3.13	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.
3.14	Water Service / Supply is Adequate	<input type="checkbox"/> No <input type="checkbox"/> Yes				
3.15	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.

