

Item	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 (m²)		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 m²							3.2.1.1.(3)-(8)		9.10.4.1		
16	Occupant load based on		<input type="checkbox"/> m²/person <input type="checkbox"/> design of building					3.1.1.6		9.9.1.3		
	Basement:		Occupancy _____		Load _____ persons							
	1 st Floor		Occupancy _____		Load _____ persons							
	2 nd Floor		Occupancy _____		Load _____ persons							
	3 rd 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.			3.2.2.20-.83 & 3.2.1.4		9.10.8 9.10.9		
		FRR (Hours)			or Description (SG-2)							
		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 (m²)	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											