

<b>Name of Practice:</b> Enter name and address of the architectural firm or other organization responsible for the project.					
<b>Name of Project:</b> Enter name of project.					
<b>Location:</b> Enter address here.					
Item	Ontario's 2006 Building Code Data Matrix Part 3 or 9			BC 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 type="checkbox"/> Addition <input type="checkbox"/> Change of Use	<input type="checkbox"/> Part 11 11.1 to 11.4 <input type="checkbox"/> Alteration	<input 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)			3.1.2.1.(1)	9.10.2.
3	Building Area (m <sup>2</sup> )	Existing _____	New _____ Total _____	1.4.1.2. [A]	1.4.1.2. [A]
4	Gross Area	Existing _____	New _____ Total _____	1.4.1.2. [A]	1.4.1.2. [A]
5	Number of Storeys	Above grade _____	Below grade _____	1.4.1.2. [A]&3.2.1.1.	1.4.1.2[A] & 9.10.4
6	Number of Streets/Fire Fighter Access _____			3.2.2.10. & 3.2.5.	9.10.20.
7	Building Classification _____			3.2.2.20.-83	9.10.2.
8	Sprinkler System Proposed		<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"/> 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 type="checkbox"/> No	3.2.9.	N/A
10	Fire Alarm required		<input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.4.	9.10.18.
11	Water Service/Supply is Adequate		<input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.5.7.	N/A
12	High Building		<input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.6.	N/A
13	Construction Restrictions	<input type="checkbox"/> Combustible permitted <input type="checkbox"/> Non-combustible required <input type="checkbox"/> Both	<input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Both	3.2.2.20.-83	9.10.6.
14	Mezzanine(s) Area m <sup>2</sup> _____			3.2.1.1.(3)-(8)	9.10.4.1.
15	Occupant load based on	<input type="checkbox"/> m <sup>2</sup> /person <input type="checkbox"/> design of building	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 ( Additional floor areas continued on last page)	3.1.17.	9.9.1.3.
16	Barrier-free Design		<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain) _____	3.8.	9.5.2.
17	Hazardous Substances		<input type="checkbox"/> Yes <input 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 _____	Hours _____								
		Roof _____	Hours _____								
		Mezzanine _____	Hours _____								
		FRR of Supporting Members		Listed Design No. Or Description (SG-2)							
		Floors _____	Hours _____								
		Roof _____	Hours _____								
		Mezzanine _____	Hours _____								
19	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											
20	Plumbing Fixture Requirements								BC Reference		
	Male/Female Count @ _____% / _____%, except as noted otherwise								<input type="checkbox"/> Part 3	<input type="checkbox"/> Part 9	
									Occupant Load	BC Table Number	Fixtures Required
	Basement: Occupancy _____										
	Occupancy _____										
	1 <sup>st</sup> Floor: Occupancy _____										
	Occupancy _____										
	2 <sup>nd</sup> Floor: Occupancy _____										
	Occupancy _____										
	3 <sup>rd</sup> Floor: Occupancy _____										
Occupancy _____											
(Adjust as Required for Additional Floors or Occupancies)											
21	Other (describe) _____										
15 (Occupant Load - Continued)											
_____	Floor	Occupancy _____	Load _____	persons							
_____	Floor	Occupancy _____	Load _____	persons							
_____	Floor	Occupancy _____	Load _____	persons							
_____	Floor	Occupancy _____	Load _____	persons							
_____	Floor	Occupancy _____	Load _____	persons							
_____	Floor	Occupancy _____	Load _____	persons							
_____	Floor	Occupancy _____	Load _____	persons							
_____	Floor	Occupancy _____	Load _____	persons							
_____	Floor	Occupancy _____	Load _____	persons							

19 (Spatial Separation – Construction of Exterior Walls - Continued )									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.	