

Ontario Building Code Data Matrix – example for reference only

Property Address: _____

Item	Ontario Building Code Data Matrix								OBC Reference		
1	Project Description:		<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Change of use			<input type="checkbox"/> Part 3	<input type="checkbox"/> Part 9	<input type="checkbox"/> Part 11
2	Major Occupancy (s):				Subsidiary	Or Part 9					
3	Building Area:(m²)		Existing	New	Total						
4	Gross Area: (m²)		Existing	New	Total						
5	Number of Storeys:				Above Grade		Below Grade				
6	Height of Building:(m)		(Finished grade to floor level of top storey)								
7	No. of Streets/Access Routes:		<input type="checkbox"/> 1 Street	<input type="checkbox"/> 2 Street	<input type="checkbox"/> 3 Street						
8	Building Classification (s):		Group	Division	3.2.2.						
9	Sprinkler System Proposed:		<input type="checkbox"/> Entire Building		<input type="checkbox"/> Partial System						
	<input type="checkbox"/> In Lieu of Roof Rating		<input type="checkbox"/> Basement Only		<input type="checkbox"/> Not required						
10	Standpipe Required:		<input type="checkbox"/> Yes		<input type="checkbox"/> No						
11	Fire Alarm Required:		<input type="checkbox"/> Yes		<input type="checkbox"/> No						
12	Water Service/ Supply is Adequate		<input type="checkbox"/> Yes		<input type="checkbox"/> No						
13	High Building (3.2.6)		<input type="checkbox"/> Yes		<input type="checkbox"/> No						
14	Construction Restrictions:		<input type="checkbox"/> Combustible		<input type="checkbox"/> Non-Combustible		<input type="checkbox"/> Both				
	Actual Construction:		<input type="checkbox"/> Combustible		<input type="checkbox"/> Non-Combustible		<input type="checkbox"/> Both				
15	Mezzanine(s) Area:		Existing Area _____		Proposed Area _____						
			<input type="checkbox"/> ≤ 10% Enclosed		<input type="checkbox"/> ≤ 40% Unenclosed						
16	Occupant load:		Existing _____		New _____		Total _____				
	Based on		<input type="checkbox"/> Area/Person		<input type="checkbox"/> Design of building						
17	Washroom / Number of Fixtures:		Male		Female		Universal				
18	Barrier-Free Design		<input type="checkbox"/> Yes		<input type="checkbox"/> No (Explain):						
19	Hazardous Substances:		<input type="checkbox"/> Yes		<input type="checkbox"/> No						
20	Required Fire Resistance Rating (FRR):										
	Horizontal Assemblies		Listing Design No. or Description (SB-2)		Supporting Members		Listing Design No. or Description (SB-2)				
	Floors	___ Hrs.			Floors	___ Hrs.					
	Roof	___ Hrs.			Roof	___ Hrs.					
	Mezzanine	___ Hrs.			Mezzanine	___ Hrs.					
21	Spatial Separation – Construction of Exterior Walls										
	Wall	Area of EBF (m ²)	L.D.	L/H Or H/L	Permitted Max. %of Openings	Proposed % of Openings	FRR (Hours)	Listed Design/ Description	Combustible Construction	Combustible Construction Non-Comb. Cladding	Non-Comb. Construction Non-Comb. Cladding
	North										
	South										
	East										
	West										

Designer – print name

Signature/Seal

Date (dd/mm/yyyy)