

Ontario Building Code Data Matrix

Property Address (Building number, Street name)

File No.: (Office Use Only)

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"/> Partial System			
	<input type="checkbox"/> In Lieu of Roof Rating								<input type="checkbox"/> Not required			
	<input type="checkbox"/> Entire Building								<input type="checkbox"/> Basement Only			
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"/> 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.		Floors	___ Hrs.		Floors	___ Hrs.	
	Roof	___ Hrs.		Roof	___ Hrs.		Roof	___ Hrs.		Roof	___ Hrs.	
	Mezzanine	___ Hrs.		Mezzanine	___ 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											

Design Professional's Name
(First, Last – Please print)

Design Professional's Signature/Seal

Date (Month, Day, Year)