

	<b>Name of Practice:</b> Enter address and contact information here.				
	<b>Name of Project:</b> Enter name here.				
	<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"/> Part 11	<input type="checkbox"/> Part 3	<input type="checkbox"/> Part 9
		<input type="checkbox"/> Addition	11.1 to 11.4	1.1.2. [A]	1.1.2. [A] & 9.10.1.3.
	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Alteration			
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		3.2.2.20.-.83	9.10.8.2.
		<input type="checkbox"/> selected compartments		3.2.1.5.	
		<input type="checkbox"/> selected floor areas		3.2.2.17.	
		<input type="checkbox"/> basement <input type="checkbox"/> in lieu of roof rating		INDEX	INDEX
		<input type="checkbox"/> not required			
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	3.2.2.20.-.83 9.10.6.
	Actual Construction	<input type="checkbox"/> Combustible	<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Both	
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	3.1.17.	9.9.1.3.
	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)				
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		Listed Design No. or Description (SG-2)		3.2.2.20.-.83 & 3.2.1.4.		9.10.8. 9.10.9.			
		FRR (Hours)									
		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										
									<b>BC Reference</b>		
									<input type="checkbox"/> Part 3	<input type="checkbox"/> Part 9	
	Male/Female Count @ _____% / _____%, except as noted otherwise				Occupant Load	BC Table Number	Fixtures Required	Fixtures Provided			
	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.	