

**Name of Practice:** Enter address and contact information here.



**Name of Project:** Enter name here.

**Location:** Enter address here.

**Date:**

**Ontario Building Code Data Matrix  
Part 11 – Renovation of Existing Building**

**Building  
Code  
Reference <sup>1</sup>**

11.00	Building Code Version: _____	Last Amendment _____																									
11.01	Project Type:	<input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Addition and renovation <input type="checkbox"/> Change of use Description: _____																									
11.02	Major Occupancy Classification:	Occupancy      Use _____ _____ _____																									
11.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes Description: _____																									
11.04	Building Area (m <sup>2</sup> )	<table border="0"> <tr> <td>Description:</td> <td>Existing</td> <td>New</td> <td>Total</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td align="right">Total</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p align="center"><small>Insert additional lines as needed</small></p>	Description:	Existing	New	Total	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Total	_____	_____	_____	
Description:	Existing	New	Total																								
_____	_____	_____	_____																								
_____	_____	_____	_____																								
_____	_____	_____	_____																								
_____	_____	_____	_____																								
Total	_____	_____	_____																								
11.05	Building Height	_____ Storeys above grade      _____ (m) Above grade _____ Storeys below grade																									
11.06	Number of Streets/ Firefighter access	_____ street(s)																									
11.07	Building Size	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> > Large																									

11.08	Existing Building Classification:	Change in Major Occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable (no change of major occupancy)  Construction Index: _____ Hazard Index: _____ Importance Category : <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> High <input type="checkbox"/> Post-disaster																										
11.09	Renovation type:	<input type="checkbox"/> Basic Renovation <input type="checkbox"/> Extensive Renovation																										
11.10	Occupant Load	<table border="1"> <thead> <tr> <th data-bbox="475 453 760 506"><u>Floor Level/Area</u></th> <th data-bbox="760 453 922 506"><u>Occupancy Type</u></th> <th data-bbox="922 453 1117 506"><u>Based On</u></th> <th data-bbox="1117 453 1312 506"><u>Occupant Load (Persons)</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p><i>Insert additional lines as needed</i></p>	<u>Floor Level/Area</u>	<u>Occupancy Type</u>	<u>Based On</u>	<u>Occupant Load (Persons)</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
<u>Floor Level/Area</u>	<u>Occupancy Type</u>	<u>Based On</u>	<u>Occupant Load (Persons)</u>																									
_____	_____	_____	_____																									
_____	_____	_____	_____																									
_____	_____	_____	_____																									
_____	_____	_____	_____																									
11.11	Plumbing Fixture Requirements	Ratio: <u>M/F = 1/1 Except as otherwise noted</u>  <table border="1"> <thead> <tr> <th data-bbox="475 863 760 915"><u>Floor Level/Area</u></th> <th data-bbox="760 863 889 915"><u>Occupant Load</u></th> <th data-bbox="889 863 1052 915"><u>OBC Reference</u></th> <th data-bbox="1052 863 1182 915"><u>Fixtures Required</u></th> <th data-bbox="1182 863 1312 915"><u>Fixtures Provided</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p><i>Insert additional lines as needed</i></p>	<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Reference</u>	<u>Fixtures Required</u>	<u>Fixtures Provided</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Reference</u>	<u>Fixtures Required</u>	<u>Fixtures Provided</u>																								
_____	_____	_____	_____	_____																								
_____	_____	_____	_____	_____																								
_____	_____	_____	_____	_____																								
_____	_____	_____	_____	_____																								
11.12	Barrier-free Design:	<input type="checkbox"/> Yes <u>Explanation</u> _____ <input type="checkbox"/> No																										
11.13	Reduction in Performance Level:	Structural: <input type="checkbox"/> No <input type="checkbox"/> Yes By Increase in occupant load: <input type="checkbox"/> No <input type="checkbox"/> Yes By change of major occupancy: <input type="checkbox"/> No <input type="checkbox"/> Yes Plumbing: <input type="checkbox"/> No <input type="checkbox"/> Yes Sewage-systems: <input type="checkbox"/> No <input type="checkbox"/> Yes Extension of combustible construction: <input type="checkbox"/> No <input type="checkbox"/> Yes																										

