

**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 9 Housing and Small Buildings**

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

9.00	Building Code Version: _____	Last Amendment _____			
9.01	Project Type:	New Change of use	Addition Addition and renovation	Renovation	
	Description: _____				
9.02	Major Occupancy Classification:	Occupancy _____ _____ _____	Use _____ _____ _____		
9.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Description: _____			
9.04	Building Area (m <sup>2</sup> )	Description:	Existing	New	Total
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
	<i>Insert additional lines as needed</i>	<b>Total</b>	_____	_____	_____

9.05	Gross Area (m <sup>2</sup> )	Description:	Existing	New	Total	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
	<i>Insert additional lines as needed</i>	Total	_____	_____	_____	
9.06	Mezzanine Area (m <sup>2</sup> )	Description:	Existing	New	Total	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
	<i>Insert additional lines as needed</i>	Total	_____	_____	_____	
9.07	Building Height	_____ Storeys above grade	_____ (m) Above grade			
		_____ Storeys below grade				
9.08	Number of Streets/ Firefighter access	_____ street(s)				
9.09	Sprinkler System	Required	Not Required			
		<u>Proposed:</u>	entire building selected floor areas in lieu of roof rating	selected compartments basement none		
9.10	Fire Alarm System	Required	Not required			
		<u>Proposed:</u>	Single stage	Not applicable	Two stage	
9.11	Water Service/ Supply is Adequate	No	Yes			
9.12	Construction Type:	<u>Restriction:</u>	Combustible permitted	Non-combustible required		
		<u>Actual:</u>	Combustible	Non-combustible	Combination	
		<u>Heavy Timber Construction:</u>	No	Yes		
9.13	Post-disaster Building	<input type="checkbox"/> No	<input type="checkbox"/> Yes			

9.14	Occupant Load     <i>Insert additional lines as needed</i>	<u>Floor Level/Area</u>     	<u>Occupancy Type</u>     	<u>Based On</u>     	<u>Occupant Load (Persons)</u>     				
9.15	Barrier-free Design:	Yes      Explanation No							
9.16	Hazardous Substances:	Yes      Explanation No							
9.17	Required Fire Resistance Ratings	<u>Horizontal Assembly</u>  Floors over basement  Floors  Mezzanine  Roof	<u>Rating (H)</u>  _____  _____  _____  _____	<u>Supporting Assembly(H)</u>  _____  _____  _____  _____	<u>Noncombustible in lieu of rating?</u>  No    Yes    N/A  No    Yes    N/A  No    Yes    N/A  No    Yes    N/A				
9.18	Spatial Separation     <i>Insert additional lines as needed</i>	<u>Wall</u>     	<u>EBF Area (m<sup>2</sup>)</u>     	<u>L.D. (m)</u>     	*     	<u>Required FRR (H)</u>     	<u>Construction Type Required</u>  Noncombustible  Noncombustible  Noncombustible  Noncombustible	<u>Cladding Type Required</u>  Noncombustible  Noncombustible  Noncombustible  Noncombustible	
9.19	Plumbing Fixture Requirements     <i>Insert additional lines as needed</i>	Ratio: <u>Male:Female = 50:50 Except as noted otherwise</u>							
		<u>Floor Level/Area</u>     	<u>Occupant Load</u>     	<u>OBC Reference</u>     	<u>Fixtures Required</u>     	<u>Fixtures Provided</u>     			

9.20	Energy Efficiency:	<p>Category:</p> <p>Non-residential Compliance Option: SB-10 Prescriptive (Div.4) SB-10 Performance (Div.2) SB-10 Prescriptive (Div.2)</p> <p>Residential Compliance Option: SB-12 Prescriptive Compliance Packages SB-12 Performance Compliance SB-12 Other: Energy Star for New Homes EnerGuide for New Houses</p> <p><b>Project Design Conditions:</b></p> <p>Climatic Zone: _____</p> <table border="0"> <thead> <tr> <th data-bbox="456 726 607 751">Fenestration</th> <th data-bbox="743 726 894 835">Gross Above Grade Wall or Roof Area (m<sup>2</sup>)</th> <th data-bbox="938 726 1073 810">Gross Fenestration Area (m<sup>2</sup>)</th> <th data-bbox="1143 726 1278 781">Fenestration Ratio</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 873 630 898">Vertical (W+D)</td> <td data-bbox="743 890 886 898">_____</td> <td data-bbox="938 890 1065 898">_____</td> <td data-bbox="1117 890 1292 898">_____</td> </tr> <tr> <td data-bbox="456 936 570 961">Skylights</td> <td data-bbox="743 953 886 961">_____</td> <td data-bbox="938 953 1065 961">_____</td> <td data-bbox="1117 953 1292 961">_____</td> </tr> </tbody> </table> <p>Space Heating Fuel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Solid fuel <input type="checkbox"/> Earth energy</p> <p>Heating Equipment Efficiency <input type="checkbox"/> ≥90% AFUE <input type="checkbox"/> ≥78% - ≥90% AFUE</p> <p>Other Conditions <input type="checkbox"/> ICF Basement <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> Walk-out Basement <input type="checkbox"/> Slab-on-Ground <input type="checkbox"/> Log/Post &amp; Beam <input type="checkbox"/> Blown-in Insulation Above Grade Wall <input type="checkbox"/> Spray-applied Foam Insulation Above Grade Wall <input type="checkbox"/> Drain Water Heat Recovery Unit Provided</p> <p>Compliance Package _____</p>	Fenestration	Gross Above Grade Wall or Roof Area (m <sup>2</sup> )	Gross Fenestration Area (m <sup>2</sup> )	Fenestration Ratio	Vertical (W+D)	_____	_____	_____	Skylights	_____	_____	_____	
Fenestration	Gross Above Grade Wall or Roof Area (m <sup>2</sup> )	Gross Fenestration Area (m <sup>2</sup> )	Fenestration Ratio												
Vertical (W+D)	_____	_____	_____												
Skylights	_____	_____	_____												
9.21	Notes:														

*Insert additional lines as needed*

1 All references are to Division B of the OBC unless preceded by [A] for Division A and [C] for Division C.