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| **Name of Practice:**Enter address andcontact information here.**Name of Project:**Enter name here.**Location:**Enter address here.Date:Enter address here. |
| 2012 Ontario Building Code Data MatrixPart 9 Housing and Small Buildings | Building Code Reference 1 |
| 9.00 | Building Code Version: |  O. Reg. 332/12  | Last Amendment |  O. Reg. 89/23  |  |
|  |  | [ ]  This design was substantially complete prior to January 1, 2025 under the 2012 Ontario Building Code |  |
| 9.01 | Project Type: |  [ ]  New Construction [ ]  Addition [ ]  Renovation [ ]  Change of use [ ]  Addition and renovation | [A] 1.1.2..4. |
|  |  | Description:  |  |
| 9.02 | Major Occupancy Classification: | Occupancy Use    | 9.10.2. |
| 9.03 | Superimposed Major Occupancies: | [ ]  No [ ]  Yes [ ]  N/A |  |  | 9.10.2.3. |
|  |  | Description:  |  |
| 9.04 | Building Area (m2)*Insert additional lines as needed* | Description:    Total | Existing 0  0  0  0  0  | New 0  0  0  0  0  | Total 0  0  0  0  0  | [A] 1.4.1.2. |
| 9.05 | Gross Area (m2)*Insert additional lines as needed* | Description:    Total | Existing 0  0  0  0  0  | New 0  0  0  0  0  | Total 0  0  0  0  0  | [A] 1.4.1.2. |
| 9.06 | Mezzanine Area (m2)*Insert additional lines as needed* | Description:    Total | Existing 0  0  0  0  0  | New 0  0  0  0  0  | Total 0  0  0  0  0  | 9.10.4.1. |
| 9.07 | Building Height |  0  0  | Storeys above gradeStoreys below grade |  0  | (m) Above grade | [A] 1.4.1.2. & 9.10.4. |
| 9.08 | Number of Streets/ Firefighter access |  0 street(s) | 9.10.20. |
| 9.09 | Sprinkler System |  [ ]  Required [ ]  Not RequiredProvided: [ ]  entire building [ ]  selected compartments [ ]  selected floor areas [ ]  basement [ ]  in lieu of roof rating [ ]  noneDescription:  | 9.10.8.2.-4., and 3.2.4.8.(4) |
| 9.10 | Fire Alarm System | [ ]  Required [ ]  Not requiredProposed: [ ]  Single stage [ ]  Two stage [ ]  None | 9.10.18. |
| 9.11 | Water Service/ Supply is Adequate | [ ]  No [ ]  Yes | 9.31.3. |
| 9.12 | Construction Type: | Restriction: [ ]  Combustible permitted [ ]  Non-combustible required [ ]  Encapsulated mass timberActual: [ ]  Combustible [ ]  Non-combustible  [ ]  Combination of combustible and non-combustible  [ ]  Encapsulated mass timber  [ ]  Combination of encapsulated mass timber and non‑combustibleHeavy Timber Construction: [ ]  No [ ]  Yes | 9.10.6., 3.1.5., and 3.1.4.7. |
| 9.13 | Post-disaster Building | [ ]  No [ ]  Yes | [A] 1.1.2.2.(2) and Part 4 |
| 9.14 | Occupant Load*Insert additional lines as needed* | Floor Level/Area     | Occupancy Type     | Based On    Total: | Occupant Load (Persons) 0  0  0  0   | Posted Limit Required     | 9.9.1.3. Table 3.1.17.1. |
| 9.15 | Barrier-free Design: |  Yes No | Explanation  | 9.5.2. & 3.8 |
| 9.16 | Hazardous Substances: |  Yes No | Explanation  | 9.10.1.3. |
| 9.17 | Required Fire Resistance Ratings | Horizontal Assembly | Fire Resistance Rating (H) | Supporting Assembly(H) | Noncombustiblein lieu of rating? | 9.10.8. and 9.10.11. |
|  |  | Floors over basementFloorsMezzanineRoof |  0  0  0  0  |  0  0  0  0  | [ ]  No [ ]  Yes [ ]  N/A[ ]  No [ ]  Yes [ ]  N/A[ ]  No [ ]  Yes [ ]  N/A[ ]  No [ ]  Yes [ ]  N/A |  |
| 9.18a | Spatial Separation | Wall | EBF Area (m2) | L.D. (m) | L/H or H/L | RequiredFRR (H) | % Unprotected Openings Permitted | % Unprotected Openings Provided | 9.10.14., 9.10.15. |
|  | *Insert additional lines as needed* |      |  0  0  0  0  |  0  0  0  0  |  0  0  0  0  |  0  0  0  0  |      |      |  |
| 9.18b | Spatial Separation Continued | Wall (repeated) | Construction Type  | Cladding Type  | 9.10.14., 9.10.15. |
|  | *Insert additional lines as needed* |      |      | [ ]  Noncombustible[ ]  Noncombustible[ ]  Noncombustible[ ]  Noncombustible |  |
| 9.19a | Plumbing Fixture Requirements | Ratio: Male:Female = 50:50 Except as noted otherwise  | 9.31. & 3.7.4. |
|  | *Insert additional lines as needed* | Floor Level/Area      | Occupant Load 0  0  0  0  | OBC Sentence     | WCs Required 0  0  0  0  | WCs Provided 0  0  0  0  |  |
| 9.19b | *Insert additional lines as needed* | Floor Level/Area (repeated)      | Barrier-free WCs Required 0  0  0  0  | Barrier-free WCs Provided     | Universal Washrooms Required 0  0  0  0  | Universal Washrooms Provided 0  0  0  0  |  |
| 9.20 | Energy Efficiency: | Category:Non-residential Compliance Option:Residential Compliance Option: | [ ]  SB-10 Prescriptive (Div.4)[ ]  SB-10 Performance (Div.2)[ ]  SB-10 Prescriptive (Div.2)[ ]  SB-12 Prescriptive Compliance Packages[ ]  SB-12 Performance Compliance[ ]  SB-12 Other: Energy Star for New Homes[ ]  EnerGuide for New Houses | 12.2.1. |
|  |  | Climatic Zone: | **Project Design Conditions:**  |  |
|  |  | FenestrationVertical (W+D)Skylights | Gross Above Grade Wall or Roof Area (m2) 0  0  | Gross FenestrationArea (m2) 0  0  | Fenestration Ratio 0%  0%  |  |
|  |  | Space Heating Fuel | [ ]  Natural Gas[ ]  Propane | [ ]  Oil[ ]  Solid fuel | [ ]  Electricity[ ]  Earth energy |  |
|  |  | Heating Equipment EfficiencyOther ConditionsCompliance Package | [ ]  ≥92% AFUE [ ]   ICF Basement[ ]   Walk-out Basement[ ]   Log/Post & Beam [ ]   Spray-applied Foam Insulation Above Grade Wall  | [ ]  ≥84% - <92% AFUE [ ]   ICF Above Grade[ ]   Slab-on-Ground[ ]   Blown-in Insulation Above Grade Wall[ ]   Drain Water Heat Recovery Unit Provided | SB-12 T3.1.1.2.A-CT3.1.1.3.A-C |
| 9.21 | Sound Transmission Design: | Is there more than 1 dwelling unit in the building?  |  Yes No | 5.8.1.2., 5.8.1.4,, & 9.11.1.4. |
|  |  | Option Implemented:  |  Min STC rating of  |  |
|  |  | Notes:  |   |  |
| 9.22 | Notes:*Insert additional lines as needed* | Is an alternative solution used? Yes No    |  |

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

For Site Plan Agreement/Approval (SPA) purposes, consider attaching items 9.01 through 9.13, 9.15, and 9.20 of this form to the SPA submission.