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| **Name of Practice:**  Enter address and  contact 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 grade  Storeys 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 Required  Provided:  entire building  selected compartments  selected floor areas  basement  in lieu of roof rating  none  Description: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9.10.8.2.-4., and 3.2.4.8.(4) | |
| 9.10 | Fire Alarm System | | Required  Not required  Proposed:  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 timber  Actual:  Combustible  Non-combustible   Combination of combustible and non-combustible   Encapsulated mass timber   Combination of encapsulated mass timber and non‑combustible  Heavy 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) | | | | | | | | | | | | Noncombustible  in lieu of rating? | | | | | | | | | | | 9.10.8. and 9.10.11. |
|  |  | | Floors over basement  Floors  Mezzanine  Roof | | | | | | | | | | | | 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 | Required  FRR (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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | Fenestration  Vertical (W+D)  Skylights | | | | | | | | | | Gross Above Grade Wall or Roof Area (m2)  0  0 | | | | | | | | | | | Gross Fenestration Area (m2)  0  0 | | | | | | | | | | | | | | Fenestration Ratio  0%  0% | | | | | |  | |
|  |  | | Space Heating Fuel | | | | | | | | | | | Natural Gas   Propane | | | | | | | | | | | Oil   Solid fuel | | | | | | | | | | Electricity   Earth energy | | | | | | | | |  | |
|  |  | | Heating Equipment Efficiency  Other Conditions  Compliance 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-C  T3.1.1.3.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.