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| **Name of Practice:**  Enter address and  contact information here.  **Name of Project:**  Enter name here.  **Location:**  Enter address here. Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. 191/14 | | | | | | | | |  |
| 9.01 | Project Type: | | New  Addition  Renovation  Change of use  Addition and renovation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [A] 1.1.2. |
|  |  | | 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  Proposed:  entire building  selected compartments  selected floor areas  basement  in lieu of roof rating  none | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9.10.8.2.-4. |
| 9.10 | Fire Alarm System | | Required  Not required  Proposed:  Single stage  Not applicable  Two stage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9.10.18. |
| 9.11 | Water Service/ Supply  is Adequate | | No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 9.12 | Construction Type: | | Restriction:  Combustible permitted  Non-combustible required  Actual:  Combustible  Non-combustible  Combination  Heavy Timber Construction:  No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9.10.6. |
| 9.13 | Post-disaster Building | | No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [A] 1.1.2.2.(2) |
| 9.14 | Occupant Load  *Insert additional lines as needed* | | Floor Level/Area | | | | | | | | Occupancy  Type | | | | | | | | | | Based On | | | | | | | | | Occupant Load  (Persons)  0  0  0  0 | | | | 3.1.17. |
| 9.15 | Barrier-free Design: | | Yes  No | | | Explanation | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9.5.2. |
| 9.16 | Hazardous Substances: | | Yes  No | | | Explanation | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9.10.1.3. |
| 9.17 | Required Fire Resistance Ratings | | Horizontal Assembly | | | | | | | | | Rating (H) | | | | | | Supporting  Assembly(H) | | | | | | | | Noncombustible  in lieu of rating? | | | | | | | | 9.10.8. |
|  |  | | 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 | | | | | | | |  |
| 9.18 | Spatial Separation | Wall | | EBF Area (m2) | | | | L.D. (m) | | | | | | \* | | Required  FRR (H) | | | | | | Construction Type  Required | | | | | | | | | Cladding Type  Required | | | 9.10.14., 9.10.15. \* |
|  | *Insert additional lines as needed* |  | | | 0  0  0  0 | | | 0  0  0  0 | | | | | | |  | | 0  0  0  0 | | Noncombustible   Noncombustible   Noncombustible   Noncombustible | | | | | | | | | | Noncombustible   Noncombustible   Noncombustible   Noncombustible | | | | |  |
| 9.19 | 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 Reference | | | | | | | Fixtures Required  0  0  0  0 | | | | | | | | Fixtures 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 | | | | | | | ≥90% AFUE    ICF Basement    Walk-out Basement    Log/Post & Beam    Spray-applied Foam Insulation Above Grade Wall | | | | | | | | | | | | | | ≥78% - ≥90% AFUE    ICF Above Grade    Slab-on-Ground    Blown-in Insulation Above Grade Wall    Drain Water Heat Recovery Unit Provided | | | | | | | | | |  |
| 9.21 | Notes:  *Insert additional lines as needed* | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

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