

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 ¹**

11.00	Building Code Version:	<u> O. Reg. 332/12 </u>	Last Amendment	<u> O. Reg. 191/14 </u>	
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: _____			[A] 1.1.2.
11.02	Major Occupancy Classification:	Occupancy	Use		
		_____	_____		
		_____	_____		
		_____	_____		
11.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes Description: _____			3.2.2.7.
11.04	Building Area (m ²)	Description:	Existing	New	Total
		_____	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>
		_____	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>
		_____	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>
		_____	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>
	<i>Insert additional lines as needed</i>	Total	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>
11.05	Building Height	<u> 0 </u> Storeys above grade	<u> 0 </u> (m) Above grade		
		<u> 0 </u> Storeys below grade			
11.06	Number of Streets/ Firefighter access	<u> 0 </u> street(s)			3.2.2.10. & 3.2.5.
11.07	Building Size	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> > Large			T.11.2.1.1.B.-N.

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: <u>0</u> Hazard Index: <u>0</u> Importance Category : <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> High <input type="checkbox"/> Post-disaster	11.2.1.1. T 11.2.1.1A T 11.2.1.1B to N 4.2.1.(3), 5.2.2.1.(2)																									
11.09	Renovation type:	<input type="checkbox"/> Basic Renovation <input type="checkbox"/> Extensive Renovation	11.3.3.1. 11.3.3.2.																									
11.10	Occupant Load	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Floor Level/Area</u></th> <th style="text-align: left;"><u>Occupancy Type</u></th> <th style="text-align: left;"><u>Based On</u></th> <th style="text-align: right;"><u>Occupant Load (Persons)</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">0</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">0</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">0</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">0</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>	_____	_____	_____	0	_____	_____	_____	0	_____	_____	_____	0	_____	_____	_____	0	3.1.17.					
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11.11	Plumbing Fixture Requirements	Ratio: <u>M/F = 1/1 Except as otherwise noted</u> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Floor Level/Area</u></th> <th style="text-align: center;"><u>Occupant Load</u></th> <th style="text-align: center;"><u>OBC Reference</u></th> <th style="text-align: center;"><u>Fixtures Required</u></th> <th style="text-align: center;"><u>Fixtures Provided</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">0</td> <td>_____</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">0</td> <td>_____</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">0</td> <td>_____</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">0</td> <td>_____</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</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>	_____	0	_____	0	0	_____	0	_____	0	0	_____	0	_____	0	0	_____	0	_____	0	0	3.7.4.
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11.12	Barrier-free Design:	<input type="checkbox"/> Yes <u>Explanation</u> _____ <input type="checkbox"/> No	11.3.3.2.(2)																									
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	11.4.2.1. 11.4.2.2. 11.4.2.3. 11.4.2.4. 11.4.2.5. 11.4.2.6.																									

