Name of Practice:

Enter address and contact information here.

Name of Project: Enter name here.

Location:

Enter address here.

Date:





		Ontario Building Code Data M Part 9 Housing and Small Bui				Building Code Reference ¹
9.00	Building Code Version:	O. Reg. 332/12 Last Ame	endment	O. Reg. 1	91/14	
9.01	Project Type:	☐ New☐ Addition☐ Change of use☐ Addition and re☐ Description:		novation		[A] 1.1.2.
9.02	Major Occupancy Classification:	Occupancy Use				9.10.2.
9.03	Superimposed Major Occupancies:	□ No □ Yes □ N/A Description:				9.10.2.3. *
9.04	Building Area (m ²)	Description:	Existing	New	Total	[A] 1.4.1.2.
			0	0	0	
			0	0	0	
			0	0	0	
			0	0	0	
	Insert additional lines as needed	Total	0	0	0	

9.05	Gross Area (m²)	Description:	Existing	New	Total	[A] 1.4.1.2.
			0	0	0	
			0	0	0	
			0	0	0	
			0	0	0	
	Insert additional lines as needed	Total	0	0	0	
9.06	Mezzanine Area (m²)	Description:	Existing	New	Total	9.10.4.1.
	(111-)		0	0	0	
			0	0	0	
			0	0	0	
			0	0	0	
	Insert additional lines as needed	Total	0	0	0	
9.07	Building Height	0 Storeys above grade	0	(m) Above g	rade	[A] 1.4.1.2. &
		0 Storeys below grade				9.10.4.
9.08	Number of Streets/ Firefighter access	0 street(s)				9.10.20.
9.09	Sprinkler System	☐ Required ☐ Not Required				9.10.8.24.
		Proposed: □ entire building □ selected floor area □ in lieu of roof rating	s 🗆	selected comp basement none	oartments	
9.10	Fire Alarm System	☐ Required ☐ Not required				9.10.18.
		Proposed: ☐ Single stage ☐	Not applical	ble □ Two sta	age	
9.11	Water Service/ Supply is Adequate	□ No □ Yes				
9.12	Construction Type:	Restriction: Combustible permitte	d □ Non-c	ombustible re	quired	9.10.6.
			n-combustible	e 🗆 Combir	nation	
		Heavy Timber Construction: □ No	□ Yes			
9.13	Post-disaster Building	□ No □ Yes				[A] 1.1.2.2.(2)

9.14	Occupant Load	Floor Level/Area Occupancy Type	Based On Occupant Load (Persons) 0 0 0 0 0 0	3.1.17.
			0	
0.45	Insert additional lines as needed			0.50
9.15	Barrier-free Design:	☐ Yes Explanation ☐ No		9.5.2.
9.16	Hazardous Substances:	☐ Yes Explanation		9.10.1.3.
9.17	Required Fire Resistance Ratings		upporting Noncombustible seembly(H) in lieu of rating?	9.10.8.
		Floors over basement0	0 □ No □ Yes □ N/A	
		Floors0	0 □ No □ Yes □ N/A	
		Mezzanine0	0 □ No □ Yes □ N/A	
		Roof	0 □ No □ Yes □ N/A	
9.18	Spatial Separation		Construction Type Required Cladding Type Required Noncombustible Noncombustible Noncombustible Noncombustible Noncombustible Noncombustible Noncombustible	9.10.14., 9.10.15. *
9.19	Plumbing Fixture	Ratio: Male:Female = 50:50 Except	as noted otherwise	9.31. & 3.7.4.
	Requirements	Floor Level/Area Occupant OE	BC Fixtures Fixtures eference Required Provided	3.5
			0 0	
			00	
		0	00	
	Insert additional lines as needed	0	00	

9.20	Energy Efficiency:	Category:		12.2.1.
		Non-residential Compliance Option:	☐ SB-10 Prescriptive (Div.4)	
		Compliance Option.	☐ SB-10 Prescriptive (Div.4)	
			· · ·	
			☐ SB-10 Prescriptive (Div.2)	
		Residential Compliance Option:	☐ SB-12 Prescriptive Compliance Packages	
			☐ SB-12 Performance Compliance	
			☐ SB-12 Other: Energy Star for New Homes	
			☐ EnerGuide for New Houses	
			Project Design Conditions:	
		Climatic Zone:		-
		Fenestration	Gross Above Gross Fenestration Grade Wall or Fenestration Roof Area (m²) (m²)	
		Vertical (W+D)	000%	-
		Skylights	0 0 0%	-
		Space Heating Fuel	□ Natural Gas □ Oil □ Electricity	
			☐ Propane ☐ Solid fuel ☐ Earth energy	
		Heating Equipment Efficiency	□ ≥90% AFUE □ ≥78% - ≥90% AFUE	:
		Other Conditions	☐ ICF Basement ☐ ICF Above Grade	
			☐ Walk-out Basement ☐ Slab-on-Ground	
			☐ Log/Post & Beam ☐ Blown-in Insulation Above Grade Wall	
			☐ Spray-applied Foam ☐ Drain Water Heat Insulation Above ☐ Recovery Unit Provided	
		Compliance Package		
9.21	Notes:			
	Insert additional lines as needed	-	<u> </u>	

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