

**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 3**

**Building  
Code  
Reference <sup>1</sup>**

3.00	Building Code Version:	<u>O. Reg. 332/12</u>	Last Amendment	<u>O. Reg. 191/14</u>		
3.01	Project Type:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Change of use <input type="checkbox"/> Addition and renovation			[A] 1.1.2.	
	Description:	_____				
3.02	Major Occupancy Classification:	<u>Occupancy</u>	<u>Use</u>		3.1.2.1.(1)	
		_____	_____			
		_____	_____			
		_____	_____			
3.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes Description: _____			3.2.2.7.	
3.04	Building Area (m <sup>2</sup> )	<u>Description:</u>	<u>Existing</u>	<u>New</u>	<u>Total</u>	[A] 1.4.1.2.
		_____	<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>	<b>Total</b>	<u>0</u>	<u>0</u>	<u>0</u>	





