

Name of Practice:

Enter address and contact information here.

Name of Project:

Enter name here.

Location:

Enter address here.

Date:

Enter date here.



2024 Ontario Building Code Data Matrix Part 9 – Housing and Small Buildings				Building Code Reference ¹		
9.00	Building Code Version:	<u>O. Reg. 163/24</u>	Last Amendment	<u>O. Reg. 119/26</u>		
9.01	Project Type:	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Change of use <input type="checkbox"/> Addition and renovation Description: _____			[A] 1.3.3.3.	
9.02	Major Occupancy Classification:	Occupancy	Use	9.10.2.		
		_____	_____			
		_____	_____			
		_____	_____			
9.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Description: _____			9.10.2.3.	
9.04	Building Area (m ²)	Description:	Existing	New	Total	[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>					
		Total	<u>0</u>	<u>0</u>	<u>0</u>	

9.05	Gross Area (m ²)	Description:	Existing	New	Total	[A] 1.4.1.2.
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
	<i>Insert additional lines as needed</i>		0	0	0	
		Total	0	0	0	
9.06	Mezzanine Area (m ²)	Description:	Existing	New	Total	9.10.4.1.
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
	<i>Insert additional lines as needed</i>		0	0	0	
		Total	0	0	0	
9.07	Building Height	0 Storeys above grade	0	(m) Above grade		[A] 1.4.1.2. & 9.10.4.
		0 Storeys below grade				
9.08	Number of Streets/ Firefighter access	0 street(s)				9.10.20.
9.09	Sprinkler System	<input type="checkbox"/> Required <input type="checkbox"/> Not Required <u>Provided:</u> <input type="checkbox"/> entire building <input type="checkbox"/> selected compartments <input type="checkbox"/> selected floor areas <input type="checkbox"/> basement <input type="checkbox"/> in lieu of roof rating <input type="checkbox"/> none <u>Description:</u> _____				9.10.8.2.-4., and 3.2.4.7.(4)
9.10	Fire Alarm System	<input type="checkbox"/> Required <input type="checkbox"/> Not required <u>Proposed:</u> <input type="checkbox"/> Single stage <input type="checkbox"/> Two stage <input type="checkbox"/> None				9.10.18.
9.11	Water Service/ Supply is Adequate	<input type="checkbox"/> No <input type="checkbox"/> Yes				9.31.3.
9.12	Construction Type:	<u>Restriction:</u> <input type="checkbox"/> Combustible permitted <input type="checkbox"/> Non-combustible required <input type="checkbox"/> Encapsulated mass timber <u>Actual:</u> <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Combination of combustible and non-combustible <input type="checkbox"/> Encapsulated mass timber <input type="checkbox"/> Combination of encapsulated mass timber and non-combustible <u>Heavy Timber Construction:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes				9.10.6., 3.1.5., and 3.1.4.7.

9.13	Post-disaster Building	<input type="checkbox"/> No <input type="checkbox"/> Yes	[A] 1.3.3.2. and Part 4																																			
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9.15	Barrier-free Design:	<input type="checkbox"/> Yes Explanation _____ <input type="checkbox"/> No	9.5.2. & 3.8																																			
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9.20	Energy Efficiency:	Category: Non-residential Compliance Option: <input type="checkbox"/> SB-10 Prescriptive (Div.4) <input type="checkbox"/> SB-10 Performance (Div.2) <input type="checkbox"/> SB-10 Prescriptive (Div.2) Residential Compliance Option: <input type="checkbox"/> SB-12 Prescriptive Compliance Packages <input type="checkbox"/> SB-12 Performance Compliance <input type="checkbox"/> SB-12 Other: Energy Star for New Homes <input type="checkbox"/> EnerGuide for New Houses Project Design Conditions: Climatic Zone: _____ <table border="1"> <thead> <tr> <th><u>Fenestration</u></th> <th><u>Gross Above Grade Wall or Roof Area (m²)</u></th> <th><u>Gross Fenestration Area (m²)</u></th> <th><u>Fenestration Ratio</u></th> </tr> </thead> <tbody> <tr> <td>Vertical (W+D)</td> <td><u>0</u></td> <td><u>0</u></td> <td><u>0%</u></td> </tr> <tr> <td>Skylights</td> <td><u>0</u></td> <td><u>0</u></td> <td><u>0%</u></td> </tr> </tbody> </table>	<u>Fenestration</u>	<u>Gross Above Grade Wall or Roof Area (m²)</u>	<u>Gross Fenestration Area (m²)</u>	<u>Fenestration Ratio</u>	Vertical (W+D)	<u>0</u>	<u>0</u>	<u>0%</u>	Skylights	<u>0</u>	<u>0</u>	<u>0%</u>	12.2.													
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		<p>Space Heating Fuel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity</p> <p> <input type="checkbox"/> Propane <input type="checkbox"/> Solid fuel <input type="checkbox"/> Earth energy</p> <p>Heating Equipment Efficiency <input type="checkbox"/> ≥92% AFUE <input type="checkbox"/> ≥84% - <92% AFUE</p> <p>Other Conditions <input type="checkbox"/> ICF Basement <input type="checkbox"/> ICF Above Grade</p> <p> <input type="checkbox"/> Walk-out Basement <input type="checkbox"/> Slab-on-Ground</p> <p> <input type="checkbox"/> Log/Post & Beam <input type="checkbox"/> Blown-in Insulation Above Grade Wall</p> <p> <input type="checkbox"/> Spray-applied Foam Insulation Above Grade Wall <input type="checkbox"/> Drain Water Heat Recovery Unit Provided</p> <p>Compliance Package _____</p>	SB-12 T3.1.1.2.A-C T3.1.1.3.A-C
9.21	Sound Transmission Design:	<p>Is there more than 1 dwelling unit in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Option Implemented: <u>Min STC rating of</u> _____</p> <p>Notes: _____</p>	5.8.1.2., 5.8.1.4., & 9.11.1.4.
9.22	Bracing to Resist Lateral Loads Due	<p>5% Seismic Spectral Acceleration, $S_a(0.2)$ _____</p> <p>1-in-50 hourly wind pressure (HWP) (kPa) _____</p> <p>Applicable Requirements:</p> <p>Design in accordance with: _____</p> <p>Notes: _____</p> <p>Bracing in accordance with: _____</p> <p>Notes: _____</p> <p>Construction Type by Floor Level</p> <p>Lowest Exterior Frame Wall Supports: _____</p> <p>2nd Level: _____</p> <p>3rd Level: _____</p> <p>Notes: _____</p>	<p><u>SB-1,</u> <u>Table 3</u></p> <p><u>SB-1,</u> <u>Table 2</u></p> <p>T A-9.23.13 9.23.16.2., 9.27. & 9.29. 9.23.13.4. to 9.23.13.7. Part 4 Good eng. practice</p>
9.23	Alternative Solutions	<p>_____</p> <p>_____</p> <p>_____</p> <p><i>Insert additional lines as needed</i></p>	[A] 1.2.1.1., and [C] 2.1.

9.24	Notes: <i>Insert additional lines as needed</i>	<hr/> <hr/> <hr/>	
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1 *All references are to Division B of the OBC, unless preceded by [A] for Division A and [C] for Division C.*