

## Ontario Building Code Design Information

<b>Proposed:</b>
<b>Location:</b>
<b>Permit Application No.:</b>
<b>Site Plan Application No.:</b>
<b>Oshawa Snow Load Map Received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Major Occupancy:</b> <input type="checkbox"/> A-_____ <input type="checkbox"/> B-_____ <input type="checkbox"/> C-_____ <input type="checkbox"/> D-_____ <input type="checkbox"/> E-_____ <input type="checkbox"/> F-_____
F-3 Combustible content of <input type="checkbox"/> _____ kg/sq. m (lb/sq. ft.) <input type="checkbox"/> _____ MJ/sq. m (BTU/sq. ft.)
<b>Building Area:</b> Existing _____ sq. m Proposed _____ sq. m Total _____ sq. m
<b>Gross Area:</b> Existing _____ sq. m Proposed _____ sq. m Total _____ sq. m
<b>Building Height:</b> Storeys _____ Height _____ m Level(s) of basement _____
<b>Building Divided by Firewalls:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Building A _____ sq. m Building B _____ sq. m Building C _____ sq. m
<b>Firewall Construction:</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry _____ Hours FRR, extended _____ mm above roof
<b>Proposed Mezzanines:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Open mezzanine: _____ sq. m located in _____ Enclosed mezzanine: _____ sq. m located in _____
<b>Building is required to face:</b> <input type="checkbox"/> _____ OBC defined public street(s) <input type="checkbox"/> _____ access route(s) for Fire Department vehicles
<b>Fire Hydrant located within:</b> _____ m <input type="checkbox"/> from building entrance <input type="checkbox"/> from Fire Department connection
<b>Fire Sprinkler System Proposed:</b> <input type="checkbox"/> Entire Building <input type="checkbox"/> Addition Only <input type="checkbox"/> Basement Only <input type="checkbox"/> In Lieu of Roof Rating <input type="checkbox"/> Not Proposed
<b>Governing OBC Article:</b> <input type="checkbox"/> 3.2.2. _____ <input type="checkbox"/> Table 9.10.8.1. <input type="checkbox"/> 3.2.2. _____ <input type="checkbox"/> High Building 3.2.6.
<b>Permitted Construction:</b> <input type="checkbox"/> Combustible <input type="checkbox"/> Noncombustible <input type="checkbox"/> Both
<b>Actual Construction:</b> <input type="checkbox"/> Combustible <input type="checkbox"/> Noncombustible <input type="checkbox"/> Both
<b>Energy Efficient Design Standard:</b> <input type="checkbox"/> To Be Determined at Building Permit Application <input type="checkbox"/> Exceed 13% of SB10 Div.2 or 4 <input type="checkbox"/> ASHRAE 189.1-2014 <input type="checkbox"/> ASHRAE 90.1-2013+SB10 <input type="checkbox"/> NECB-2015+SB10 <input type="checkbox"/> SB10 Div. 5 (Part 9 Non-Residential) <input type="checkbox"/> SB12 Chapter 1 and 3 (Part 9 Residential) <input type="checkbox"/> Exceed 15% of SB12 Chapter 2 <input type="checkbox"/> <b>Exempt from Energy Efficiency</b> – Explanation: _____

**Proposed:**

**Total Occupant Load:** \_\_\_\_\_ persons based on:  
 \_\_\_\_\_ sq. m /person  not found in OBC T.3.1.17.1.

**Fire Alarm System:**  Yes  No  
**If No, Explain** \_\_\_\_\_

**Standpipe and Hose System:**  Yes  No  
**If No, Explain:** \_\_\_\_\_

**Barrier-Free Design:**  Yes  No  
**If No, Explain:** \_\_\_\_\_

**Required Fire Resistance Rating (FRR) (Note: Optional for Site Plan Application)**

<b>Horizontal Assemblies FRR Hours:</b> Floors _____ hours Roof _____ hours Mezzanine _____ hours	<b>FRR of Supporting Members</b> Floors _____ hours Roof _____ hours Mezzanine _____ hours
<b>Listed Design No. or Description</b> Floors _____ hours Roof _____ hours Mezzanine _____ hours	<b>ULC Design No. or Description</b> Floors _____ hours Roof _____ hours Mezzanine _____ hours

**Spatial Separation - Construction of Exterior Walls (submit calculations if required)**

Wall	Area of EBF (m <sup>2</sup> )	L.D. (m)	L/H or H/L	Permitted Max. % of Openings	Proposed % of Openings	FRR (Hours)	Listed Design or Description	Comb. Const.	Comb.Constr. Noncomb. Cladding	Noncomb. Constr.
North										
South										
East										
West										

**Design & Review By:**  OAA  P. Eng.  CET  MAATO  BCIN

<b>Name:</b>	<b>BCIN #</b>
<b>Firm:</b>	<b>BCIN #</b>
<b>Phone:</b>	<b>Email:</b>
<b>Date:</b>	<b>Signature:</b>

**Note:** Every building or part thereof described in OBC Division C, Table 1.2.1.1. shall be designed and reviewed by an architect, professional engineer or both.

*Reference: 2012 Ontario Building Code, as amended*