

Item	National Building Code Data Matrix Parts 3 & 9							NBC Reference			
1	Project Description:			<input type="checkbox"/> Change of use <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration				<input type="checkbox"/> Part 3		<input type="checkbox"/> Part 9	
										9.10.1.3	
2	Major Occupancy(s)							3.1.2.1.(1)		9.10.2	
3	Building Area (m ²)			Existing: New: Total ____				1.4.1.2		1.4.1.2	
4	Gross Area (m ²)			Existing: New: Total ____							
5	Number of Storeys			Above grade: ____ Below grade: ____				3.2.1.1 & 3.2.2.15			
6	Height of Building (m)							1.4.1.2			
7	Number of Streets/Access Routes							3.2.2.10 & 3.2.5.5			
8	Building Classification							3.2.2.20-90		9.10.4	
9	Sprinkler System Proposed			<input type="checkbox"/> Entire building <input type="checkbox"/> Basement only <input type="checkbox"/> In lieu of roof rating <input type="checkbox"/> Not required				3.2.2.20-90 3.2.1.5 3.2.2.17		9.10.8.2	
10	Standpipe Required			<input type="checkbox"/> Yes <input type="checkbox"/> No				3.2.5.8			
11	Fire Alarm Required			<input type="checkbox"/> Yes <input type="checkbox"/> No				3.2.4		9.10.18.2	
12	Water Service/Supply Is Adequate			<input type="checkbox"/> Yes <input type="checkbox"/> No				3.2.5.7			
13	High Building			<input type="checkbox"/> Yes <input type="checkbox"/> No				3.2.6			
14	Permitted Construction			<input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Both				3.2.2.20-90		9.10.6	
	Actual Construction			<input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Both							
15	Mezzanine(s) Area (m ²)							3.2.1.1.(3)-(7)		9.10.4.1	
16	Occupant load based on			<input type="checkbox"/> m ² /person <input type="checkbox"/> Design of building				3.1.17		9.9.1.3	
	Basement:	Occupancy ____		Load ____ persons							
	1st Floor	Occupancy ____		Load ____ persons							
	2nd Floor	Occupancy ____		Load ____ persons							
	3rd Floor	Occupancy ____		Load ____ persons							
17	Barrier-free Design			<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)				3.8		9.5.2	
18	Hazardous Substances			<input type="checkbox"/> Yes <input type="checkbox"/> No				3.3.1.2.(1) & 3.3.1.20		9.10.1.3.(4)	
19	Required Fire Resistance Rating (FRR)	Horizontal Assemblies FRR (Hours)			Listed Design No. or Description (SG-2)			3.2.2.20-90 & 3.2.1.4		9.10.8 9.10.9	
		Floors	____ Hours								
		Roof	____ Hours								
		Mezzanine	____ Hours								
		FRR of Supporting Members									
		Floors	____ Hours								
		Roof	____ Hours								
		Mezzanine	____ Hours								
20	Spatial Separation – Construction of Exterior Walls							3.2.3		9.10.14	
21	Wall	Area of EBF (m ²)	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. Nonc. Cladding	Non-comb. Constr.
	North										
	South										
	East										
	West										
For Additional Walls, add additional rows											
21	Other										