

# Building Code Analysis Form

Required for New Buildings, Additions, Major Alterations or Changes in Occupancy

Municipality: \_\_\_\_\_ Owner Name: \_\_\_\_\_ Permit No. \_\_\_\_\_

Jobsite Address: \_\_\_\_\_ Building Code Edition: \_\_\_\_\_

Project Type:  New Building  Addition  Major Alteration  Tenant Improvement

Detail Intended Use(s): \_\_\_\_\_

Building Area (Main floor): New \_\_\_\_\_ (m<sup>2</sup>) + Existing \_\_\_\_\_ = Total Area: \_\_\_\_\_ (m<sup>2</sup>)

Number of Storeys: Above Grade: \_\_\_\_\_ Below Grade: \_\_\_\_\_ Mezzanine or 2nd Storey Area: \_\_\_\_\_ (m<sup>2</sup>)

Mezzanine Considered a Storey?  Yes  No / Building Facing No. of Streets:  One  Two  Three  Four

Building designed to:  NBC Part 9  NBC Part 3 (Note Major occupancy for fire safety): NBC 3.2.2 \_\_\_\_\_ CC/NC  
(Circle one or both)

Energy Code Edition:  NECB 2020  Addition No Energy

Compliance Option:  Prescriptive  Trade-Off  Performance

Major Occupancy Classification(s): (Check below all that apply to this building)

A1  A2  A3  A4  B1  B2  B3  C  D  E  F1  F2  F3

Adjoining Major Occupancy Classifications (if any): \_\_\_\_\_

**Spatial Separation:** (Provide detail for each wall of proposed building.)

Exterior Wall	Limiting Distance (m)	Area of EBF (m <sup>2</sup> )	L:H Ratio	% UPO (Allowed)	% UPO (Actual)	Construction Required	Cladding Required	FRR Required

EBF - Exposing Building Face / L:H - Length to Height Ratio / UPO - Unprotected Openings / FRR - Fire Resistance Rating

Occupant Load: \_\_\_\_\_ Water Closets proposed (#): Universal: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Egress and Exits:**

Number of Exits Required: \_\_\_\_\_ Floor Area(s): \_\_\_\_\_ Mezzanine(s): \_\_\_\_\_ Exit Width (mm): \_\_\_\_\_

Maximum Travel Distance (m): \_\_\_\_\_ Floor Area(s): \_\_\_\_\_ Mezzanine(s): \_\_\_\_\_ Exit Height (mm): \_\_\_\_\_

**Fire Resistance Ratings** (Provide required FRR for each applicable in minutes/hours):

Floors	Mezzanine	Roof	Bearing Assemblies
Public Corridors	Exit Stairways	Firewalls	Furnace Rooms
Storage Rooms	Storage Garages	Repair Garages	Occupancy Separations
Suite Separations	Janitor Rooms	Common Laundry	Elevator Shafts
Basement	Service Shafts	Service Space	Welding
Other (specify):		Other (specify):	

**Other Requirements:** (Check Yes or No for each item)

Barrier-Free Access required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Lighting required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standpipe & Hose System required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exit Signs required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarm System required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Dampers required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke Dampers Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attic Fire Stops required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Stops required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke Alarms required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Dept Response less than 10 min?	<input type="checkbox"/> Yes <input type="checkbox"/> No	CO Alarms required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Hydrant required/ on site plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	CO Ventilation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Lane meeting Requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO <sup>2</sup> Ventilation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Connection Being Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Material Storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Power provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kitchen meeting NFPA 96?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Sound Transmission Class (STC) Rating:	_____

**Additional Requirements / Notes:**

**Designer Information:** (Qualified professional designer (Part 3) or competent designer (Part 9 only) who completed this form)

Designer's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_