

<b>Name of Practice:</b> Enter address and contact information here.						
<b>Name of Project:</b> Enter name here.						
<b>Location:</b> Enter address here.						
<b>Date:</b> Enter name here.						
<b>2024 Ontario Building Code Data Matrix</b> <b>Part 11 – Renovation</b>					<b>Building Code Reference <sup>1</sup></b>	
11.00	Building Code Version:	<u>O. Reg. 163/24</u> Last Amendment <u>O. Reg. 447/24</u>				
11.01	Project Type:	<input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Addition and renovation <input type="checkbox"/> Change of use  Description: _____			[A] 1.3.3.3B.	
11.02	Major Occupancy Classification:	Occupancy	Use		3.1.2.1.(1), 2.1.4.1.(1), and 11.2.1.	
		_____	_____			
		_____	_____			
		_____	_____			
11.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes  Description: _____			11.2 , 3.2.2.5. to 3.2.2.8., and 2.2.1.	
11.04	Building Area (m <sup>2</sup> )	Description:	Existing	New	Total	[A] 1.4.1.2., 11.2., and 11.3.
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
		_____	0	0	0	
	<i>Insert additional lines as needed</i>	Total	0	0	0	
11.05	Building Height	<u>0</u> Storeys above grade <u>0</u> (m) Above grade  <u>0</u> Storeys below grade				[A] 1.4.1.2., 3.2.1.1., 2.2.2.2., and 11.3.
11.06	Number of Streets/Firefighter Access	<u>0</u> street(s)				3.2.2.10., 3.2.5., 2.2.4.1., and 11.3.
11.07	Building Size	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> > Large			11.2.1.1., and T.11.2.1.1.B-N.	

11.08	Existing Building Classification:	Change in Major Occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable (no change of major occupancy)  Construction Index: <u>0</u> Hazard Index: <u>0</u> Importance Category : <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> High <input type="checkbox"/> Post-disaster	10.1.1.2., 11.2.1.1. T 11.2.1.1.A T 11.2.1.1.B to N 4.1.2.1.(3), 2.3.1., and 5.2.2.1.(2)																									
11.09	Renovation Type:	<input type="checkbox"/> Basic Renovation <input type="checkbox"/> Extensive Renovation	11.3.3.1., and 11.3.3.2.																									
11.10	Occupant Load	<table border="1"> <thead> <tr> <th>Floor Level/Area</th><th>Occupancy Type</th><th>Based On</th><th>Occupant Load (Persons)</th></tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td><u>0</u></td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td><u>0</u></td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td><u>0</u></td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td><u>0</u></td></tr> </tbody> </table> <i>Insert additional lines as needed</i>	Floor Level/Area	Occupancy Type	Based On	Occupant Load (Persons)	_____	_____	_____	<u>0</u>	_____	_____	_____	<u>0</u>	_____	_____	_____	<u>0</u>	_____	_____	_____	<u>0</u>	3.1.17., 2.1.2.2., and 11.4.2.2.					
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11.11 a	Plumbing Fixture Requirements	Ratio: <u>M:F = 50:50 Except as otherwise noted</u>  <table border="1"> <thead> <tr> <th>Floor Level/Area</th><th>Occupant Load</th><th>OBC Reference</th><th>WCs Required</th><th>WCs Provided</th></tr> </thead> <tbody> <tr><td>_____</td><td><u>0</u></td><td>_____</td><td><u>0</u></td><td><u>0</u></td></tr> <tr><td>_____</td><td><u>0</u></td><td>_____</td><td><u>0</u></td><td><u>0</u></td></tr> <tr><td>_____</td><td><u>0</u></td><td>_____</td><td><u>0</u></td><td><u>0</u></td></tr> <tr><td>_____</td><td><u>0</u></td><td>_____</td><td><u>0</u></td><td><u>0</u></td></tr> </tbody> </table> <i>Insert additional lines as needed</i>	Floor Level/Area	Occupant Load	OBC Reference	WCs Required	WCs Provided	_____	<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>	3.7.4., 11.3.4., 11.3.5., 11.4.2.4., and 11.4.2.5.
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11.11 b	Plumbing Fixture Requirements continued:	<table border="1"> <thead> <tr> <th>Floor Level/Area (repeated)</th><th>Barrier-free WCs Required</th><th>Barrier-free WCs Provided</th><th>Universal Washrooms Required</th><th>Universal Washrooms Provided</th></tr> </thead> <tbody> <tr><td>_____</td><td><u>0</u></td><td>_____</td><td><u>0</u></td><td><u>0</u></td></tr> <tr><td>_____</td><td><u>0</u></td><td>_____</td><td><u>0</u></td><td><u>0</u></td></tr> <tr><td>_____</td><td><u>0</u></td><td>_____</td><td><u>0</u></td><td><u>0</u></td></tr> <tr><td>_____</td><td><u>0</u></td><td>_____</td><td><u>0</u></td><td><u>0</u></td></tr> </tbody> </table> <i>Insert additional lines as needed</i>	Floor Level/Area (repeated)	Barrier-free WCs Required	Barrier-free WCs Provided	Universal Washrooms Required	Universal Washrooms Provided	_____	<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>	Tables 3.8.2.3.A and 3.8.2.3.B
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11.12	Barrier-free Design:	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Explanation</u>	11.3.1.2., 11.3.2., 11.3.3.2.																									
	Barrier-free Entrances:	Number <u>      </u> <u>Explanation</u>																										

11.13	Reduction in Performance Level:	Structural: <input type="checkbox"/> No <input type="checkbox"/> Yes By Increase in occupant load: <input type="checkbox"/> No <input type="checkbox"/> Yes By change of major occupancy: <input type="checkbox"/> No <input type="checkbox"/> Yes Plumbing: <input type="checkbox"/> No <input type="checkbox"/> Yes Sewage-systems: <input type="checkbox"/> No <input type="checkbox"/> Yes Extension of buildings of combustible construction: <input type="checkbox"/> No <input type="checkbox"/> Yes	11.4.2.1. 11.4.2.2. 11.4.2.3. 11.4.2.4. 11.4.2.5. 11.4.2.6.
11.14	Compensating Construction:	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Structural: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>(Describe)</u> Increase in occupant load: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>(Describe)</u> Change of major occupancy: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>(Describe)</u> Plumbing: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>(Describe)</u> Sewage systems: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>(Describe)</u> Extension of buildings of combustible construction: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>(Describe)</u>	11.4.3.1. 11.4.3.2. 11.4.3.3. 11.4.3.4. 11.4.3.5. 11.4.3.6. 11.4.3.7.
11.15	Compliance Alternatives Proposed:  <i>Insert additional lines as needed</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <u>(list numbers and describe)</u> _____ <u>(list numbers and describe)</u> _____ <u>(list numbers and describe)</u>	11.5.1.
11.16	Alternative Solutions  <i>Insert additional lines as needed</i>	_____ _____ _____ _____	[A] 1.2.1.1., and [C] 2.1.
11.17	Notes:  <i>Insert additional lines as needed</i>	_____ _____ _____ _____	

1 All references are to Division B of the OBC, unless preceded by [A] for Division A and [C] for Division C.