

Building Code Analysis Form

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

Municipality: _____ Owner Name: _____ Permit No. _____

Jobsite Address: _____

 Project Type: New Building Addition Major Alteration Tenant Improvement

Detail Intended Use(s): _____

 Building Area (Main floor): New _____ (m²) + Existing _____ = Total Area: _____ (m²)

 Number of Storeys: Above Grade: _____ Below Grade: _____ Mezzanine or 2nd Storey Area: _____ (m²)

 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 classification for fire safety): NBC 3.2.2. _____

 Energy Code Edition: NBC Part 9.36. NECB / 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 exterior wall of the proposed building)

Exterior Wall	Limiting Distance (m)	Area of EBF (m ²)	L:H Ratio	% UPO (Allowed)	% UPO (Actual)	Construction Required	Cladding Required	FRR Required
North								
South								
East								
West								

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: _____

Sound Transmission Rating (STC or ASTC): _____

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 in hours for each applicable):

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

Other Requirements: (Check Yes or No for each item to indicate if required for this project)

Exit Signs 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	Smoke Alarms required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarm System required?(NBC 3.2.4.1.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Barrier-Free Access required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Dampers required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attic Fire Stops required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Piping Fire Stops required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	CO Ventilation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limiting Distance Doubled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO ² Ventilation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Hydrant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Material Storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Designer's Name: _____ Email: _____

Signature: _____ Date: _____ Phone: _____