

**Name of Practice:**

Enter address and  
contact information here.

**Name of Project:**

Enter name here.

**Location:**

Enter address here.

**Date:**

Enter name here.



Ontario Building Code Data Matrix Part 11 – Renovation						Building Code Reference <sup>1</sup>
11.00	Building Code Version:	O. Reg. 332/12		Last Amendment	O. Reg. 89/23	
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] 1.1.2.6.
11.02	Major Occupancy Classification:	Occupancy	Use			3.1.2.1.(1), and 11.2.1.
		_____	_____			
		_____	_____			
		_____	_____			
11.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes Description: _____				11.2 and 3.2.2.5. to 3.2.2.8.
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	
		_____	0	0	0	
	<i>Insert additional lines as needed</i>	Total	0	0	0	
11.05	Building Height	0 Storeys above grade	0	(m) Above grade	[A] 1.4.1.2. & 3.2.1.1., and 11.3	
		0 Storeys below grade				
11.06	Number of Streets/ Firefighter access	0 street(s)				3.2.2.10., 3.2.5., and 11.3
11.07	Building Size	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> > Large				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	11.2.1.1.  T 11.2.1.1.A T 11.2.1.1.B to N 4.2.1.(3), and 5.2.2.1.(2)																									
11.09	Renovation type:	<input type="checkbox"/> Basic Renovation <input type="checkbox"/> Extensive Renovation	11.3.3.1. 11.3.3.2.																									
11.10	Occupant Load	<table border="1"> <thead> <tr> <th><u>Floor Level/Area</u></th><th><u>Occupancy Type</u></th><th><u>Based On</u></th><th><u>Occupant Load (Persons)</u></th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>0</td></tr> <tr><td></td><td></td><td></td><td>0</td></tr> <tr><td></td><td></td><td></td><td>0</td></tr> <tr><td></td><td></td><td></td><td>0</td></tr> </tbody> </table> <i>Insert additional lines as needed</i>	<u>Floor Level/Area</u>	<u>Occupancy Type</u>	<u>Based On</u>	<u>Occupant Load (Persons)</u>				0				0				0				0	3.1.17., 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><u>Floor Level/Area</u></th><th><u>Occupant Load</u></th><th><u>OBC Reference</u></th><th><u>WCs Required</u></th><th><u>WCs Provided</u></th></tr> </thead> <tbody> <tr><td></td><td>0</td><td></td><td>0</td><td>0</td></tr> <tr><td></td><td>0</td><td></td><td>0</td><td>0</td></tr> <tr><td></td><td>0</td><td></td><td>0</td><td>0</td></tr> <tr><td></td><td>0</td><td></td><td>0</td><td>0</td></tr> </tbody> </table> <i>Insert additional lines as needed</i>	<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Reference</u>	<u>WCs Required</u>	<u>WCs Provided</u>		0		0	0		0		0	0		0		0	0		0		0	0	3.7.4., 11.3.4., 11.3.5., 11.4.2.4., and 11.4.2.5.
<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Reference</u>	<u>WCs Required</u>	<u>WCs Provided</u>																								
	0		0	0																								
	0		0	0																								
	0		0	0																								
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11.11 b	Plumbing Fixture Requirements continued:	<table border="1"> <thead> <tr> <th><u>Floor Level/Area (repeated)</u></th><th><u>Barrier-free WCs Required</u></th><th><u>Barrier-free WCs Provided</u></th><th><u>Universal Washrooms Required</u></th><th><u>Universal Washrooms Provided</u></th></tr> </thead> <tbody> <tr><td></td><td>0</td><td></td><td>0</td><td>0</td></tr> <tr><td></td><td>0</td><td></td><td>0</td><td>0</td></tr> <tr><td></td><td>0</td><td></td><td>0</td><td>0</td></tr> <tr><td></td><td>0</td><td></td><td>0</td><td>0</td></tr> </tbody> </table> <i>Insert additional lines as needed</i>	<u>Floor Level/Area (repeated)</u>	<u>Barrier-free WCs Required</u>	<u>Barrier-free WCs Provided</u>	<u>Universal Washrooms Required</u>	<u>Universal Washrooms Provided</u>		0		0	0		0		0	0		0		0	0		0		0	0	Tables 3.8.2.3.A and 3.8.2.3.B
<u>Floor Level/Area (repeated)</u>	<u>Barrier-free WCs Required</u>	<u>Barrier-free WCs Provided</u>	<u>Universal Washrooms Required</u>	<u>Universal Washrooms Provided</u>																								
	0		0	0																								
	0		0	0																								
	0		0	0																								
	0		0	0																								
11.12	Barrier-free Design:	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Explanation</u>	11.3.3.2.(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:	<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	Notes:	Is an alternative solution used? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____ _____	11.5.1.

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