

Appendix B: Building Analysis Form

Project information

Street Address:

Unit No.

Lot/Con:

Project type:

☐ new

☐ addition

☐ alteration

☐ change of use

Major occupancy

Group / Division

☐ Group A, Div:

☐ Group B, Div:

☐ Group C

☐ Group D

☐ Group E

☐ Group F, Div:

OBC Reference:

Where more than one major occupancy is selected above please provide a Schematic Fire Layout drawing.

☐ attached

☐ N/A

Building area

Detail	Existing	New	Total
Building Area	m ²	m ²	m ²
Gross Floor Area	m ²	m ²	m ²
Mezzanine Area	m ²	m ²	m ²

Mezzanine(s) exceeds 10% of floor area:

☐ Yes

☐ No

Type of mezzanine:

☐ open construction

☐ closed construction

Firewall(s) required to separate buildings:

☐ Yes

☐ No

Interconnected floors / atrium

☐ Yes

☐ No

Building height

Height of Building: m Storeys

above grade:

below grade:

High Building:

☐ Yes, measure below

☐ No

High Building Measure Proposed:

Spatial separation

Faces Number of Streets: __ street(s) with ____% of perimeter within 15m of the street(s)

Wall	North	South	East	West
Area of Exposed Building Face	m ²	m ²	m ²	m ²
Limiting Distance	m	m	m	m
Ratio (L/H or H/L)				
Permitted Max. Percentage of Openings	%	%	%	%
Proposed Percentage of Openings	%	%	%	%
Fire Resistance Rating	hours	hours	hours	hours
Listed Design Number or Description				
Combustible Construction				
Combustible Construction with Noncombustible Cladding				
Noncombustible Construction				

Occupant Load

Occupant load of building is: _____ persons based on

☐ m² / person

or

☐ other:

OBC Reference: _____

Fire separations / Resistance ratings

Building Classification: _____

OBC Reference: _____

Fire Resistance Rating (FRR) of Horizontal Assemblies

Assembly	Required	Proposed	Design No. or Description (SG-2)
Floor immediately above basement			
Floor below ground level			
Other Floor(s)			
Mezzanine(s)			
Roof			
Public Corridor			

Fire Resistance Rating (FRR) of Supporting Members

Member(s) Supporting	Required	Proposed	Design No. or Description (SG-2)
Floor immediately above basement			
Floor below ground level			
Other Floor(s)			
Mezzanine(s)			
Roof			

Type of Construction Permitted:

☐ Combustible☐ Noncombustible

☐ Both – used individually☐ Both – used in combination

Type of Construction Proposed:

☐ Combustible☐ Noncombustible

☐ Both – used individually☐ Both – used in combination

Travel Distance

Maximum permitted travel distance: ____mOBC Reference: _____

Sprinklers / Standpipe

Sprinkler system required:

☐ Yes, as per _____☐ No

Electrical supervision required:

☐ Yes, as per _____☐ No

Sprinklers required in specific location(s):

☐ Yes, and locations are listed below, as per _____
☐ No

Specific location(s) of sprinklers:

Building is proposed to be:

☐ fully sprinklered☐ basement only

☐ in lieu of roof rating☐ not sprinklered

☐ other, listed below

Other proposed sprinkler design:

Standpipe system required:

☐ Yes, as per _____☐ No

Water supply/service adequate:

☐ Yes☐ No

Standpipe system proposed:

☐ Yes☐ No

Standpipe hose length required:

☐ Yes☐ No

Fire alarm system

Fire alarm system required: ☐ Yes ☐ No, exemption provided below ☐ Not Applicable

Exemption:

Fire alarm system provided: ☐ Yes

☐ No, explanation below

Type of alarm system provided:

- single stage

- two stage

Explanation:

Fire alarm system to be equipped with voice communication:

☐ Yes, as per _____ ☐ No

Washroom Calculations

Required plumbing fixtures are regulated by Division B, 3.7.4 of the Ontario Building Code?

☐ Yes, calculations below ☐ No

Sex	Number of Persons	Min. Number of Water Closets	Min. Number of Lavatories
Male			
Female			

Separate sanitary facilities are required for employees?

☐ Yes, calculations listed on drawings☐ No, shared use is permitted

Accessibility

Building is fully barrier free: ☐ Yes

☐ No, explanation below

Explanation:

Equivalency

Is this design based on Equivalency with Part 10 or Part 11? ☐ Yes

☐ No, explanation below☐ No, report attached

Explanation:

Prepared by

Last Name: _____ First Name: _____

Firm: _____

Street Address: _____ Unit No. _____

Municipality: _____ Postal Code: _____ Province: _____

Telephone Number: _____ Cell Number: _____

Email: _____

Date: _____

Signature: _____