



BUILDING CODE ANALYSIS SHEET

Note: Required for New Buildings, Additions and Change of Occupancy Permit Applications

Building Information

Address: _____.

Building Area: Existing _____ m2 + New _____ m2 = Total _____ m2

Storeys Above Grade: _____ Storeys Below Grade: _____.

Number of Streets (as defined by 3.2.2.10): _____.

Use(s) of the Building (i.e. restaurant, warehouse, apartment, etc.): _____.

Major Occupancy Classification(s) (circle all that apply): A1 A2 A3 A4 B1 B2 C D E F1 F2 F3

Building Code Classification(s) under 3.2.2 of the NBC: _____.

Allowable Unprotected Openings:

North Wall (%) _____ South Wall (%) _____ East Wall (%) _____ West Wall (%) _____.

Required Exterior Wall Fire Resistance Ratings:

North Wall (Hrs) _____ South Wall (Hrs) _____ East Wall (Hrs) _____ West Wall (Hrs) _____.

Occupant Load:

Water Closets Required: Male _____ Female _____ Water Closets Required: Male _____ Female _____.

Number of Exits Required: _____ Floor Area(s) _____ Mezzanine(s) _____.

Public Corridor Separations (Circle One):

Fire Separation Required: **Yes** **No** Fire Resistance Rating Required: **N/A** **3/4 Hr** **1 Hr**

Provide Required Fire Resistance Ratings (In Hours):

_____ Floors	_____ Mezzanine	_____ Roof
_____ Bearing Assemblies	_____ Fire Walls	_____ Exit Stairways
_____ Service Shafts	_____ Furnace Rooms	_____ Storage Rooms
_____ Storage Garages	_____ Repair Garages	_____ Occupancy Separat
_____ Suite Separations	_____ Other (Specify)	_____ Other (Specify)

Other Information (Check Yes or No for each question):

Exit Signs Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Lighting Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Standpipe	Smoke Alarms Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
& Hose System Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Barrier Free Access 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	Piping Fire Stops Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Attic Fire Stops Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional Designer Information

Name of qualified professional designer who has completed this form:

Qualified Designer