


Name of Practice: _____ Enter address and contact information here. _____ _____ Name of Project: _____ Enter name here. _____ Location: _____ Enter address here. _____ _____ Date: _____ Enter date here. _____	
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2024 Ontario Building Code Data Matrix Part 11 – Renovation					Building Code Reference ¹
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 ²)	Description:	Existing	New	Total
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		Total	_____	_____	_____
11.05	Building Height	_____ Storeys above grade	_____ (m) Above grade		[A] 1.4.1.2., 3.2.1.1., 2.2.2.2., and 11.3.
		_____ Storeys below grade			
11.06	Number of Streets/ Firefighter Access	_____ 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: _____ Hazard Index: _____ 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><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>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Floor Level/Area</u>	<u>Occupancy Type</u>	<u>Based On</u>	<u>Occupant Load (Persons)</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>Male:Female = 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>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Reference</u>	<u>WCs Required</u>	<u>WCs Provided</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><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>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<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>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Tables 3.8.2.3.A and 3.8.2.3.B
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11.12	Barrier-free Design: Barrier-free Entrances:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation _____ Number _____ Explanation _____	11.3.1.2., 11.3.2., 11.3.3.2.																									

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 Describe: _____ <div style="text-align: right;"><u>Describe</u></div> Structural: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Increase in occupant load: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 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 _____	11.4.3.1. 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 List Numbers and Describe: _____ _____ _____ _____	11.5.1.
11.16	Alternative Solutions	_____ _____ _____	[A] 1.2.1.1., and [C] 2.1.
11.17	Notes:	_____ _____ _____ _____ _____	

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