



2010 NATIONAL BUILDING CODE REVIEW MATRIX (FORM B04-EN)

ITEM	REVIEW INFORMATION	CODE REFERENCE						
1	Project Address: Project Description: Project Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Change of Use	<input type="checkbox"/> Part 3	<input type="checkbox"/> Part 9					
2	Alternate Solution Proposed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Div. A 1.2.1. & Div. C 2.3.1.						
3	Total Building Area: _____ Existing: _____ New: _____ Mezzanine Area: _____ Existing: _____ New: _____	Division A 1.4.1.2.	Division A 1.4.1.2.					
4	Major Occupancies: Group: _____ Description: _____ Group: _____ Description: _____ Group: _____ Description: _____ Group: _____ Description: _____	3.1.2.1.(1)	9.10.2.					
5	Building Classification (most restrictive group under Item 4): F3 Classification shall include fuel load calculations by a design professional.	3.2.2.20.-88.	-					
6	Occupant Load: <input type="checkbox"/> by sq.m./person <input type="checkbox"/> by design of building Basement: _____ Third Floor: _____ Ground Floor: _____ Fourth Floor: _____ Second Floor: _____ Fifth Floor: _____	3.1.17.	9.9.1.3.					
7	Number of Stories Above Grade: _____ Below Grade: _____	Division A 1.4.1.2.	Division A 1.4.1.2.					
8	Building Height: _____	3.2.2.10.	-					
9	Number of Façades Facing Streets: _____	3.1.10.	9.10.11.					
10	Firewalls: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.1.5. 3.2.2.18.	9.10.1.3.					
11	Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.5.8.	9.10.1.3.					
12	Adequate Water Supply: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.4.	9.10.18.2.					
13	Standpipe System: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.6.	-					
14	Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.7.5.	-					
15	High Building: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.3.1.2.	9.10.1.3.					
16	Emergency Power Supply: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.6.3.	-					
17	Hazardous Substances: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.2.20.-88.	-					
18	Vertical Service Spaces: <input type="checkbox"/> Yes <input type="checkbox"/> No	Required Fire Resistance Rating (hours)						
19	Permitted Construction Type: <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Both Proposed Construction Type: <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Both	3.2.2.20.-88.	9.10.8.1.					
	Assembly Location			Horizontal Assembly	Listed Design ULC No.	Supporting Assembly (walls, columns)	Listed Design ULC No.	
	Floors							
	Roof							
	Mezzanine							
	Basement							
20	Spatial Separation							
	Wall Location	Area of Exp. Bldg Face	Limiting Distance	L/H or H/L	Max. % of Openings	Min. Fire Res. Rating	Type of Const.	Type of Cladding
	North							
	East							
	South							
	West							
	Include additional pages if more information is required.							
21	Maximum Travel Distance: _____	3.4.2.	9.9.7.-8.					
22	Number of Male Water Closets: _____ Sinks: _____ Urinals: _____ Number of Female Water Closets: _____ Sinks: _____	3.7.2.	9.31.1.					
23	Barrier-free Design: <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____	NB Regulation 2011-61						
Notes: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		Seal, Date and Signature						

Last Updated February 28th 2018