

**Name of Practice:**

Enter address and contact information here.

**Name of Project:**

Enter name here.

**Location:**

Enter address here.

**Date:**

Ontario Building Code Data Matrix Part 10 – Change of Use			Building Code Reference <sup>1</sup>
10.00	Building Code Version:	<u>  O. Reg. 332/12  </u> Last Amendment <u>  O. Reg. 191/14  </u>	
10.01	Project Type:	<input checked="" type="checkbox"/> Change of use Description: _____	[A] 1.1.2.
10.02	Major Occupancy Classification:	<u>Occupancy</u> <u>Use</u> _____ _____ _____	3.1.2.1.(1)
10.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes Description: _____	3.2.2.7.
10.04	Building Height	<u>  0  </u> Storeys above grade <u>  0  </u> (m) Above grade <u>  0  </u> Storeys below grade	[A] 1.4.1.2. & 3.2.1.1.
10.05	Number of Streets/ Firefighter access	<u>  0  </u>	3.2.2.10. & 3.2.5.
10.06	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.
10.07	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 11.2.1.1A  T 11.2.1.1B to N  4.2.1.(3), 5.2.2.1.(2)

10.08	Occupant Load    <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.
10.09	Reduction in Performance Level:	Structural: By Increase in occupant load: By change of major occupancy: Plumbing: Sewage-systems: Extension of combustible construction:	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <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.
10.10	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.
10.11	Notes:    <i>Insert additional lines as needed</i>	     				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.