

2015 NATIONAL BUILDING CODE REVIEW MATRIX

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	Building Area(footprint): _____ Existing: _____ New: _____ Mezzanine Area: _____ Existing: _____ New: _____ Total Floor Area: _____	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	Number of Storeys Above Grade: _____ Below Grade: _____	Division A 1.4.1.2.						
6	Building Height: _____ metres (Grade to floor level of top storey)							
7	Building Classification (most restrictive group under Item 4): _____ Classified under Code Article 3.2.2. _____ F3 Classification shall include fuel load calculations by a design professional.	3.2.2.20.-90.	-					
8	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.-90.	-					
9*	Required Fire Resistance Rating (hours)			3.2.2.20.-90.	9.10.8.1.			
	Assembly Location	Horizontal Assembly	Listed Design ULC No.			Supporting Assembly (walls, columns)	Listed Design ULC No.	
	Floors							
	Roof							
	Mezzanine							
	Basement				3.2.1.4.			
10	Occupant Load: <input type="checkbox"/> by m ² /person <input type="checkbox"/> by design of building			3.1.17.	9.9.1.3.			
	Occupant Load Calculation (include additional pages if more information is required)							
	Location	Floor Area (m ²)	Area per person			No. of Occupants		
	Total:							
11	Interconnected Floor Space: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.8.2.	9.10.9.5.					
12	Number of Façades Facing Streets: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+	3.2.2.10.	-					
13	Firewalls: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.1.10.	9.10.11.					
14	Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.2.18.	9.10.1.3.					
	Adequate Water Supply: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.5.7.						
15	Standpipe System: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.5.8.	9.10.1.3.					
16	Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.4.	9.10.18.2.					
17	High Building: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.6.	-					
18	Emergency Power Supply: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.2.7.5.	-					
19	Hazardous Substances: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.3.1.2.	9.10.1.3.					
20	Vertical Service Spaces: <input type="checkbox"/> Yes <input type="checkbox"/> No	3.6.3.	-					
21	Spatial Separation (include additional pages if more information is required)							
	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							
22	Maximum Travel Distance: _____ metres	3.4.2.	9.9.7.-8.					
23*	Number of Male Water Closets: _____ Sinks: _____ Urinals: _____	3.7.2.	9.31.1.					
	Number of Female Water Closets: _____ Sinks: _____							
24	Barrier-free Design: <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____	NB Regulation 2021-3						
25	National Energy Code of Canada for Buildings: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> N/A	NECB 2011						
Notes: _____ _____ _____ _____ _____								
* Item 9 and 23 are not required for Foundation Permits		Seal, Date and Signature						