

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 | | | | | | | |
| 3 | Building Area(footprint) _____ Existing: _____ New: _____ Mezzanine Area: _____ Existing: _____ New: _____ Total Floor Area: _____ | | | | | | | |
| 4 | Major Occupancies: Group: _____ Description: _____ Group: _____ Description: _____ Group: _____ Description: _____ Group: _____ Description: _____ | | | | | | | |
| 5 | Number of Storeys Above Grade: _____ Below Grade: _____ | | | | | | | |
| 6 | Building Height: _____ metres (Grade to floor level of top storey) | | | | | | | |
| 7 | Building Classification (most restrictive group under Item 4): .3.2.2. _____ F3 Classification shall include fuel load calculations by a design professional. | | | | | | | |
| 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 | | | | | | | |
| 9* | Required Fire Resistance Rating (hours) | | | | | | | |
| | Assembly Location | Horizontal Assembly | Listed Design ULC No. | Supporting Assembly (walls, columns) | | | | |
| | Floors | | | Listed Design ULC No. | | | | |
| | Roof | | | | | | | |
| | Mezzanine | | | | | | | |
| | Basement | | | | | | | |
| 10 | Occupant Load: <input type="checkbox"/> by m ² /person <input type="checkbox"/> by design of building | | | | | | | |
| | Occupant Load Calculation(include additional information if 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 | | | | | | | |
| 12 | Number of Façades Facing Streets: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | | | | | | |
| 13 | Firewalls: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 14 | Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No NFPA 13 <input type="checkbox"/> 13R <input type="checkbox"/> Adequate Water Supply: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 15 | Standpipe System: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 16 | Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 17 | High Building: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 18 | Emergency Power Supply: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 19 | Hazardous Substances: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 20 | Vertical Service Spaces: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 21 | Spatial Separation (include additional information if 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: _____ m | | | | | | | |
| 23* | Number of Male Water Closets: _____ Sinks: _____ Urinals: _____ Number of Female Water Closets: _____ Sinks: _____ | | | | | | | |
| 24 | Barrier-free Design: <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 | 2011 NECB | | | | | | |
| Notes: _____ _____ _____ _____ _____ | | Seal, Date and Signature | | | | | | |