

Form 25–1

2020 NATIONAL BUILDING CODE REVIEW MATRIX

ITEM	REVIEW INFORMATION	CODE REFERENCE																																									
1	Project Address: _____ Project Description: _____ Project Type: ☐ New Construction ☐ Addition ☐ Renovation ☐ Change of Use	☐ Part 3	☐ Part 9																																								
2	Alternate Solution Proposed: ☐ Yes ☐ 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: _____ 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: ☐ Combustible ☐ Non-combustible ☐ Both Proposed Construction Type: ☐ Combustible ☐ Non-combustible ☐ Both																																										
9*	Required Fire Resistance Rating (hours) <table><tr><th>Assembly Location</th><th>Horizontal Assembly</th><th>Listed Design ULC No.</th><th>Supporting Assembly (walls, columns)</th><th>Listed Design ULC No.</th></tr><tr><td>Floors</td><td></td><td></td><td></td><td></td></tr><tr><td>Roof</td><td></td><td></td><td></td><td></td></tr><tr><td>Mezzanine</td><td></td><td></td><td></td><td></td></tr><tr><td>Basement</td><td></td><td></td><td></td><td></td></tr></table>	Assembly Location	Horizontal Assembly	Listed Design ULC No.	Supporting Assembly (walls, columns)	Listed Design ULC No.	Floors					Roof					Mezzanine					Basement																					
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10	Occupant Load: ☐ by m ² /person ☐ by design of building Occupant Load Calculation(include additional information if required) <table><tr><th>Location</th><th>Floor Area (m²)</th><th>Area per person</th><th>No. of Occupants</th></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><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td colspan="3">Total:</td><td></td></tr></table>	Location	Floor Area (m ²)	Area per person	No. of Occupants																					Total:																	
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11	Interconnected Floor Space: ☐ Yes ☐ No																																										
12	Number of Façades Facing Streets: ☐ 1 ☐ 2 ☐ 3 ☐ 4																																										
13	Firewalls: ☐ Yes ☐ No																																										
14	Sprinkler System: ☐ Yes ☐ No NFPA 13 ☐ 13R ☐ Adequate Water Supply: ☐ Yes ☐ No																																										
15	Standpipe System: ☐ Yes ☐ No																																										
16	Fire Alarm System: ☐ Yes ☐ No																																										
17	High Building: ☐ Yes ☐ No																																										
18	Emergency Power Supply: ☐ Yes ☐ No																																										
19	Hazardous Substances: ☐ Yes ☐ No																																										
20	Vertical Service Spaces: ☐ Yes ☐ No																																										
21	Spatial Separation (include additional information if required) <table><tr><th>Wall Location</th><th>Area of Exp. Bldg Face</th><th>Limiting Distance</th><th>L/H or H/L</th><th>Max. % of Openings</th><th>Min. Fire Res. Rating</th><th>Type of Const.</th><th>Type of Cladding</th></tr><tr><td>North</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>East</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>South</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>West</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	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									
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22	Maximum Travel Distance: _____ m																																										
23*	Number of Male Water Closets: _____ Sinks: _____ Urinals: _____ Number of Female Water Closets: _____ Sinks: _____																																										
24	Barrier-free Design: ☐ Yes ☐ No	NB Regulation 2021–3																																									
25	National Energy Code of Canada for Buildings: ☐ Prescriptive ☐ Performance ☐ N/A	2020 NECB																																									
Notes: _____ _____ _____ _____ _____ _____		Seal, Date and Signature																																									