

2020 NATIONAL BUILDING CODE REVIEW MATRIX										Form 25-1	
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)										
	Assembly Location	Horizontal Assembly	Listed Design ULC No.	Supporting Assembly (walls, columns)	Listed Design ULC No.						
	Floors										
	Roof										
	Mezzanine										
	Basement										
10	Occupant Load: ☐ by m ² /person ☐ 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: ☐ 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)										
	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: ☐ 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	