TO BE COMPLETED BY THE ARCHITECT FOR ALL PART 3 BUILDINGS

BUILDING DESIGN STATEMENT

PERMIT #

PROJECT DESCRIPTION

LOCATION

BUILDING USE

MAJOR OCCUPANCY CLASSIFICATION

Group _____ Division _____ Area _____.M^2 Occupancy Load _____

Group _____ Division _____ Area _____.M^2 Occupancy Load _____

Group _____ Division _____ Area _____.M^2 Occupancy Load _____

Building Area: Existing _____M^2 Proposed _____ M^2 TOTAL_____ M^2

Gross Area: Existing _____M^2 Proposed _____ M^2 TOTAL_____ M^2

Building Height: Storeys _____ Height _____ M Level (s) of Bsmt _____

Building Divided by Firewalls ☐ Yes ☐ No Building "A"_____m^2 Building "B" _____m^2 Building "C" _____m^2

Construction Concrete ☐ Masonry ☐ _____Hours FRR, extended _____mm above roof

Proposed Mezzanine Areas ☐ Yes Open mezzanine _____ m^2, located in _____

☐ No Enclosed mezzanine _____ m^2, located in _____

Governing O.B.C. Article: ☐ 3.2.2 _____ ☐ High Building 3.2.6 ☐ Part 11

Proposed Construction: ☐ Combustible ☐ Noncombustible

Combustible Construction: ☐ Permitted ☐ Not Permitted

Piping: ☐ Combustible ☐ Noncombustible Material Type _____

Building will face _____ public street(s) (3.2.2.10)

Fire Hydrant located within _____m ☐ from building entrance ☐ from Fire Department connection

Sprinkler System Proposed: ☐ Entire Building ☐ Basement Only; ☐ In Lieu of Roof Rating ☐ Not Required

Water Supply: ☐ Municipal ☐ Private

Fire Alarm:3.2.4 Required: ☐ Yes ☐ No Provided: ☐ Yes ☐ No 2 Stage: ☐ Yes ☐ No

Emergency Lighting: 3.2.7.3 Required: ☐ Yes ☐ No Provided: ☐ Yes ☐ No

Exit Signs: 3.4.5 Required: ☐ Yes ☐ No Provided: ☐ Yes ☐ No

Stand Pipe: 3.2.9 Required: ☐ Yes ☐ No Provided: ☐ Yes ☐ No

Signal to Fire Dept: 3.2.4.7 Required: ☐ Yes ☐ No Provided: ☐ Yes ☐ No

Design and Review by: ☐ OAA ☐ P. Eng ☐ CET ☐ MAATO Other _____

Barrier-Free Design Required: Required: ☐ Yes ☐ No Provided: ☐ Yes ☐ No

Required Fire Resistance Rating (FRR)	Horizontal Assemblies FRR	Design No. or Description	FRR of Supporting Members	Design No. or Description
	_____Fl ____ Hrs		_____ Hrs	
	_____Fl ____ Hrs		_____ Hrs	
	_____Fl ____ Hrs		_____ Hrs	
	_____Fl ____ Hrs		_____ Hrs	
	Roof _____Hrs		_____ Hrs	
	Mezzanine ___ Hrs		_____ Hrs	

Prepared by: Name: _____ (please print) Firm: _____

Date: _____Signature: _____ Phone: _____

☐ OAA ☐ P. Eng ☐ CET ☐ MAATO Other _____