

**Certified Professional Program
Building Information Sheet**

Project Address: _____ **Building Permit #:** _____ **Zoning:** _____

Building Code Edition: _____ Storeys: _____ Building Height: _____ Levels Below Grade: _____
 Building Code Alternative Solution(s): Yes No Accessibility Provided (Entrance): Yes No
 Building Area: _____ m² Building Facing Nos. of Streets: _____ Mezzanine(s): Yes No
 Hydrant Requirements: 45 m- Suite(s) Entrance 45 m - Fire Department Connection
 Firewall: Yes, FRR: _____ Hrs. No 3.2.1.2 Horizontal Fire Separation Yes No
 Building Major Occupancy(ies): _____ Minor Occupancy(ies): _____

Construction Type : Combustible or Non-Combustible

| Construction Article(s) - 3.2.2 | Floor (FRR) | Mezzanine (FRR) | Roof (FRR) | Construction Required | Construction Provided |
|---------------------------------|-------------|-----------------|------------|-----------------------|-----------------------|
| | | | | | |
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| | | | | | |
| | | | | | |

Spatial Separation:

| Exterior Wall | Area (m ²) | L.D. (m) | UPO % | | Wall Constr. (C/NC) | | Wall FRR (hrs.) | | Cladding (C/NC) | |
|---------------|------------------------|----------|---------|--------|---------------------|--------|-----------------|--------|-----------------|--------|
| | | | Allowed | Actual | Allowed | Actual | Allowed | Actual | Allowed | Actual |
| North | | | | | | | | | | |
| South | | | | | | | | | | |
| East | | | | | | | | | | |
| West | | | | | | | | | | |

Design Occupant Loads:

| | Room/Floor | Area (m ²) | Area/Person (m ²) | Occupant Load |
|---|------------|------------------------|-------------------------------|---------------|
| 1 | | | | |
| 2 | | | | |

Other Building Items:

| Items | Required (Yes/No) | Items | Required (Yes/No) | Items | Required (Yes/No) |
|------------|-------------------|-----------------------|-------------------|--------------------|-------------------|
| Sprinklers | | Annunciator Panel | | Standpipe | |
| Fire Alarm | | Signals to Fire Dept. | | Commercial Kitchen | |

Water Closets (WCs): Required: Male: _____ Female: _____ WCs Provided: Male: _____ Female: _____

Washroom: Yes (in each suite) No (remote)