

CITY OF BRANTFORD - BUILDING INFORMATION SHEET

(NOTE: REQUIRED PRIOR TO PLAN REVIEW)

ADDRESS: _____

BUILDING NAME: _____

DESCRIBE USE OF BUILDING

Ontario Building Code Data										Part 3	Part 9	
Project Description <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Use												
Major Occupancy _____										3.1.2.1(1)	9.10.2	
Building Area (m ²) Existing _____ New _____ Total _____										1.1.3.2	1.1.3.2	
Gross Area (m ²) Existing _____ New _____ Total _____										1.1.3.2	1.1.3.2	
Number of Storeys Above Grade _____ Below Grade _____										3.2.1.1 & 1.1.3.2		
Height of Building (m) _____												
Number of Streets/Access Routes _____										3.2.2.10 & 3.2.5.5		
Building Classification Major: _____ Minor: _____										3.2.2.20-.83	9.10.4	
Required Fire Resistance Ratings	Horizontal Assemblies FRR (Hours)					Listed Design No. Or Description (SG-2)				3.2.2.20-.83 & 3.2.1.4	9.10.8 & 9.10.9	
	Floors _____ Hours					_____						
	Roof _____ Hours					_____						
	Mezzanine _____ Hours					_____						
	FRR Supporting Members					Listed Design No. or Description (SG-2)						
	Floors _____ Hours					_____						
Roof _____ Hours					_____							
Mezzanine _____ Hours					_____							
Sprinkler System Proposed										3.2.2.20-.83 & 3.2.1.5 & 3.2.2.17	9.10.8	
<input type="checkbox"/> Entire Building <input type="checkbox"/> Basement Only <input type="checkbox"/> In Lieu of Roof Rating <input type="checkbox"/> Not Required												
Standpipe Required <input type="checkbox"/> Yes <input type="checkbox"/> No										3.2.9		
Fire Alarm Required <input type="checkbox"/> Yes <input type="checkbox"/> No										3.2.4	9.10.7.2	
Water Service/Supply is Adequate <input type="checkbox"/> Yes <input type="checkbox"/> No												
High Building <input type="checkbox"/> Yes <input type="checkbox"/> No										3.2.6		
Permitted Construction <input type="checkbox"/> Combustible <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Both										3.2.2.20-.83	9.10.6	
Actual Construction <input type="checkbox"/> Combustible <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Both												
Mezzanine(s) Area (m ²) _____										3.2.1.1(3)-(8)	9.10.4.1	
Occupant Load (Please detail on separate sheet if multiple occupancies found on same floor)										3.1.16	9.9.1.3	
Basement: Occupancy _____ m ² /person _____ number of persons _____												
1 st Floor: Occupancy _____ m ² /person _____ number of persons _____												
2 nd Floor: Occupancy _____ m ² /person _____ number of persons _____												
3 rd Floor: Occupancy _____ m ² /person _____ number of persons _____												
Barrier Free Design <input type="checkbox"/> Yes <input type="checkbox"/> No										3.8	9.5.2	
Spatial Separation – Construction of Exterior Walls										3.2.3	9.10.14	
Wall	Area of EBF (m ²)	L.D. (m)	L/H Or H/L	Permitted Max % of Openings	Proposed % of Openings	FRR (Hours)	Listed Design or Description	Comb Const	Comb. Constr. Nonc. Cladding			Non-Com Constr.
North												
South												
East												
West												
Hazardous Substances <input type="checkbox"/> Yes <input type="checkbox"/> No										3.3.1.2(1) & 3.3.1.19(1)	9.10.1.3	

COMMITMENT TO GENERAL REVIEWS BY ARCHITECT AND ENGINEERS

THIS FORM TO BE COMPLETED BY THE OWNER OR OWNER'S AUTHORIZED AGENT, AND SIGNED BY ALL CONSULTANTS RETAINED FOR GENERAL REVIEWS

Part A - Owner's Undertaking

Permit Application No.

Project Description: _____

Address of Project: _____

Municipality: _____

WHEREAS the Ontario Building Code requires that the project described above be designed and reviewed during construction by an architect, professional engineer or both that are licensed to practice in Ontario;

NOW THEREFORE the Owner, being the person who intends to construct or have the building constructed hereby warrants that:

1. The undersigned architect and/or professional engineers have been retained to provide general reviews of the construction of the building to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of a building permit, in accordance with the performance standards of the Ontario Association of Architects (OAA) and/or Professional Engineers Ontario (PEO);
2. All general review reports by the architect and/or professional engineers will be forwarded promptly to the Chief Building Official, and
3. Should any retained architect or professional engineer cease to provide general reviews for any reason during construction, the Chief Building Official will be notified in writing immediately, and another architect or engineer will be appointed so that general review continues without interruption during construction.

The undersigned hereby certifies that he/she has read and agrees to the above

Name of Owner: _____

Date: _____

Address of Owner: _____

Telephone: _____

Signature of Owner: _____

Print Name: _____

Fax: _____

(or officer of corporation)

Coordinator of the work of all consultants: _____

Telephone: _____

Address: _____

Fax: _____

Part B - Consultants

The undersigned architect and/or professional engineer(s) hereby certify that they have been retained to provide general reviews of the parts of construction of the building indicated, to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of a building permit, in accordance with the performance standards of the OAA and/or PEO.

SHADED PORTION TO BE COMPLETED BY CONSULTANTS

<input type="checkbox"/> ARCHITECTURAL	<input type="checkbox"/> STRUCTURAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> SITE SERVICES	<input type="checkbox"/> OTHER (SPECIFY):
Consultant Name: _____			Signature: _____	Print Name: _____	Date: _____
Telephone: _____	Fax: _____	Address: _____			

<input type="checkbox"/> ARCHITECTURAL	<input type="checkbox"/> STRUCTURAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> SITE SERVICES	<input type="checkbox"/> OTHER (SPECIFY):
Consultant Name: _____			Signature: _____	Print Name: _____	Date: _____
Telephone: _____	Fax: _____	Address: _____			

<input type="checkbox"/> ARCHITECTURAL	<input type="checkbox"/> STRUCTURAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> SITE SERVICES	<input type="checkbox"/> OTHER (SPECIFY):
Consultant Name: _____			Signature: _____	Print Name: _____	Date: _____
Telephone: _____	Fax: _____	Address: _____			

<input type="checkbox"/> ARCHITECTURAL	<input type="checkbox"/> STRUCTURAL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> SITE SERVICES	<input type="checkbox"/> OTHER (SPECIFY):
Consultant Name: _____			Signature: _____	Print Name: _____	Date: _____
Telephone: _____	Fax: _____	Address: _____			

EABO Standard form/Endorsed by OAA, PEO and Ontario Building Officials Association

Please contact the Brantford Building Department concerning plans to be submitted for review. All plans to be available for on-site inspections. Any revisions must be resubmitted to this office for review. All deficiencies noted upon final inspection must be corrected prior to occupancy.

(Information in this form is collected under the authority of the Municipal Act, R.S.O. 1990, c.M.45 as amended; Building Code Act, R.S.O. 1992 and amendments, and is used to control and record the issuance of this application. Direct inquiries to the Building Department.)

Name (Please Print) _____ Owner: _____ Authorized Agent: _____

Signature: _____ Date: _____