

BUILDING CODE INFORMATION SHEET

In order to reduce or eliminate costly design changes later in the development review process, please complete this form and attach a reduced site plan or key plan with a separate information sheet for each building in the project.

SITE ADDRESS: _____ SUITE #: _____ PROJECT: _____	PERMIT #: _____ ISD FILE: _____ <p style="text-align: center; font-weight: bold; margin-top: 10px;">INTERNAL USE ONLY</p>
TYPE OF WORK: NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATIONS <input type="checkbox"/> TENANT IMPROVEMENTS <input type="checkbox"/>	
EQUIVALENCY REPORT: YES <input type="checkbox"/> NO <input type="checkbox"/> DESCRIPTION: _____	
DEVELOPMENT PERMIT: YES <input type="checkbox"/> NO <input type="checkbox"/> _____	

BC BUILDING CODE (CURRENT EDITION) _____	PART 3 <input type="checkbox"/>	PART 9 <input type="checkbox"/>
BUILDING AREA (S) (AS DEFINED BY THE BC BUILDING CODE) _____		
GROSS FLOOR AREA _____		NO. OF STOREYS _____
FIREWALL(S) YES <input type="checkbox"/> NO <input type="checkbox"/> RATING OF FIREWALL(S) _____		
NO. OF STREETS FACING _____		

CONSTRUCTION REQUIREMENTS	
MAJOR OCCUPANCY CLASSIFICATIONS <small>(CIRCLE ONE OR MORE)</small>	A-1 , A-2 , A-3 , A-4 , B-1 , B-2 , C , D , E , F-1 , F-2 , F-3
BUILDING CLASSIFICATION (S) (ARTICLES 3.2.2.19 TO 3.2.2.83 OR SUBSECTION 9.10.8)	
3.2.2. _____	OR 9.10.8 _____
SPRINKLERED YES <input type="checkbox"/> NO <input type="checkbox"/> NFPA STANDARD _____	
NON-COMBUSTIBLE CONSTRUCTION REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
FIRE RESISTANCE RATING OF BUILDING COMPONENTS:	
FLOORS _____	ROOFS _____
MEZZANINES _____	
SUPPORTING STRUCTURE _____	
NO. OF SUITES _____	FIRE RESISTANCE RATING BETWEEN SUITES _____
FIRE RESISTANCE RATING OF CORRIDOR _____	

SPATIAL SEPARATION (SUBSECTION 3.2.3 OR 9.10.14)								
	AREA OF EXPOSING BUILDING FACE	RATIO L/H H/L	LIMITING DISTANCE (M)	OPENING % PERMITTED	OPENING % PROPOSED	CONSTRUCTION OF EXPOSING BUILDING FACE		
						F.R.R.	NON-COMBUSTIBLE CONSTRUCTION	NON-COMBUSTIBLE CLADDING
NORTH								
SOUTH								
EAST								
WEST								

MEZZANINE:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	INTERCONNECTED FLOORS:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FIRE ALARM SYSTEM:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	STANDPIPE SYSTEM:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
EMERGENCY POWER:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	OCCUPANT LOAD: (SUBSECTION 3.1.16)	_____	
ACCESSIBLE FOR PERSONS WITH DISABILITIES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
WATER CLOSETS PROVIDED, IN TOTAL (SUBSECTION 3.7)			MALE	_____	FEMALE _____
NUMBER OF ACCESSIBLE WATER CLOSETS				_____	
ACCESSIBLE TOILET ROOM PROVIDED (SUBSECTION 3.8.2.3)	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
EXPLANATORY INFORMATION:					

FORM COMPLETED BY: _____	DATE: _____
PHONE : OFFICE _____	CELL _____