

Building Information

Address: _____

 Building Area (footprint): Existing _____ m² + New _____ m² = Total _____ m²

 Renovation Floor Area: _____ m²

Storeys Above Grade: _____ Storeys Below Grade: _____ Mezzanine(s) _____

 Mezzanine Area _____ m² Mezzanine considered Storey? Yes No

Number of Streets (as defined by 3.2.2.10): _____

Fire Dept Connection to Fire Hydrant Distance (NBC 3.2.5.15): _____ m

Main use(s) of the Building (i.e. restaurant, warehouse, apartment, etc.): _____

Use of the Proposed Tenant - Major Occupancy Classification(s) (check all that apply below):

 A1 A2 A3 A4 B1 B2 B3 C D E F1 F2 F3

Building Code Classification(s) under Subsection 3.2.2 or 9.10.14/9.10.15 of the NBC:

Adjoining Major Occupancy Classification (if any): _____

Spatial Separations:

Provide the following details for each wall (add duplicate sheets or attach larger table as needed)

Wall direction	Limiting Distance (m)	Area of EBF (m ²)	L/H ratio	% U.P.O Allowed	% UPO Actual	Construction Required	Cladding Required	FRR Required

EBF.: exposing building face; L/H: length to height ratio; UPO.: unprotected openings; FRR: fire resistance rating

Water Closets:

 Occupant Load: _____ Water Closets Required: ___ Male ___ Female ___
 Other Water Closets Provided: ___ Male ___ Female ___ Other

Egress and Exiting:

Number of Exits Required: Floor Area(s) _____ Mezzanine(s) _____

Travel Distance: _____

Minimum Exit Width Required _____ Exit Width Provided _____

Minimum Exit Height Required _____ Exit Height Provided _____

Public Corridor Separations (Complete the following line below):

 Fire Separation Required: Yes No Fire Resistance Rating Required: _____

Fire Resistance Ratings (provide required FRR in hours):

Floors _____	Mezzanine _____	Roof _____
Bearing Assemblies _____	Fire Walls _____	Exit Stairways _____
Service Shafts _____	Furnace Rooms _____	Storage Rooms _____
Storage Garages _____	Repair Garages _____	Occupancy Separations _____
Suite Separations _____	Ext. Balconies _____	Janitor Rooms _____
Common Laundry _____	Service Rooms _____	Elevator Shafts _____
Elev. Machine Rm _____	Other (specify) _____	Other (specify) _____

Sound Transmission Class:

Provide Minimum STC Rating: _____

Other Requirements (Check Yes or No for each item to indicate if required for this project):

Item	Yes	No	Item	Yes	No
Exit Signs			Piping Fire Stops		
Standpipe & Hose			Smoke Alarms		
Fire Alarm System			Sprinkler System		
Barrier-free Access			Fire Dampers		
Attic Fire Stops			Crawl Space Fire Blocks		
Emergency Lighting			Fire Extinguishers		
CO Ventilation & Sensor					

Fire Alarm Details (if required for this project):

Installation Reason (see NBC 3.2.4.1) _____

Fire Alarm Type _____

Alternative Solution: Yes* No*If yes, complete Request for Evaluation of an Alternative Solution**Additional Requirements** (add notes as needed):**Professional Designer Information:**Name of qualified professional designer (Part 3) or competent designer (Part 9 only) who has completed this form:

(print name)

(signature)

Acknowledgments: The City of Regina understands that not every project will align with this Building Code Analysis Form. For these projects, attach additional information as required. The information provided in the form above should also be included on the drawings.