



**Building Information**

Project Name: \_\_\_\_\_

Project Description: \_\_\_\_\_

Address: \_\_\_\_\_

Building Area: \_\_\_\_\_ Existing: \_\_\_\_\_ m2 + New: \_\_\_\_\_ m2 = Total: \_\_\_\_\_ m2

Storeys above grade: \_\_\_\_\_ Storeys below grade: \_\_\_\_\_

Number of Street (as defined by 3.2.2.10): \_\_\_\_\_

Use(s) of the Building (i.e. restaurant, warehouse, apartment, etc.): \_\_\_\_\_

Major Occupancy Classification(s) (circle all that apply): A1 A2 A3 A4 B1 B2 C D E F1 F2 F3

Building Code this project is designed to conform to: \_\_\_\_\_

Building Code Classification(s) under 3.2.2. of the NBC: \_\_\_\_\_

**Allowable Unprotected Openings:**

North Wall (%) \_\_\_\_\_ South Wall (%) \_\_\_\_\_ East Wall (%) \_\_\_\_\_ West Wall (%) \_\_\_\_\_

**Required Exterior Wall Fire Resistance Ratings:**

North Wall (hrs) \_\_\_\_\_ South Wall (hrs) \_\_\_\_\_ East Wall (hrs) \_\_\_\_\_ West Wall (hrs) \_\_\_\_\_

**Occupant Load:** \_\_\_\_\_

**Water Closets Required:** Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Water Closets Provided:** Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Number of Exits Required:** \_\_\_\_\_ Floor Area(s): \_\_\_\_\_ Mezzanine(s): \_\_\_\_\_

**Public Corridor Separations (check one):**

*Fire Separation Required:*  Yes  No *Fire Resistance Rating Required:*  N/A  ¼ Hour  1 Hour

Maximum Travel Distance: \_\_\_\_\_ Minimum Exit Width Required: \_\_\_\_\_

**Provide Required Fire Resistance Ratings (In Hours):**

Floors: \_\_\_\_\_ Mezzanine: \_\_\_\_\_ Roof: \_\_\_\_\_

Bearing Assemblies \_\_\_\_\_ Fire Walls \_\_\_\_\_ Exit Stairways \_\_\_\_\_

Service Shafts \_\_\_\_\_ Furnace Rooms \_\_\_\_\_ Storage Rooms \_\_\_\_\_

Storage Garages \_\_\_\_\_ Repair Garages \_\_\_\_\_ Suite Separations \_\_\_\_\_

Suite Separation \_\_\_\_\_ Other(Specify) \_\_\_\_\_ Other (Specify) \_\_\_\_\_



**CITY OF WEYBURN**  
Class III Building Code Analysis Sheet

**Other Information (check yes or no for each question):**

- |                                    |                              |                             |                               |                              |                             |
|------------------------------------|------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|
| Exit Signs Required?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emergency Lighting Required?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Standpipe & Hose System Required/? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Smoke Alarms Required?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire Alarm System Required?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Barrier Free Access Required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sprinkler System Required?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fire Dampers Required?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attic Fire Stops Required?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Piping Fire Stops Required?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Professional Designer Information:**

Name of qualified professional designer who has completed this form: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
Designer Signature

\_\_\_\_\_  
Date

Seal: