



THE CORPORATION OF THE MUNICIPALITY OF CLARINGTON
ENGINEERING SERVICES - BUILDING/PLUMBING DIVISION

TO BE COMPLETED BY THE ARCHITECT FOR ALL PART 3 BUILDINGS

BUILDING DESIGN STATEMENT				
PERMIT # _____				
PROJECT DESCRIPTION _____				
LOCATION _____				
BUILDING USE _____				
MAJOR OCCUPANCY CLASSIFICATION				
Group _____	Division _____	Area _____ M ²	Occupancy Load _____	
Group _____	Division _____	Area _____ M ²	Occupancy Load _____	
Group _____	Division _____	Area _____ M ²	Occupancy Load _____	
Building Area:	Existing _____ M ²	Proposed _____ M ²	TOTAL _____ M ²	
Gross Area:	Existing _____ M ²	Proposed _____ M ²	TOTAL _____ M ²	
Building Height:	Storeys _____	Height _____ M	Level (s) of Bsmt _____	
Building Divided by Firewalls	<input type="checkbox"/> Yes <input type="checkbox"/> No	Building "A" _____ m ²	Building "B" _____ m ²	Building "C" _____ m ²
Construction	Concrete <input type="checkbox"/> Masonry <input type="checkbox"/>	_____ Hours FRR, extended _____ mm above roof		
Proposed Mezzanine Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	Open mezzanine _____ m ² , located in _____ Enclosed mezzanine _____ m ² , located in _____		
Governing O.B.C. Article: <input type="checkbox"/> 3.2.2 _____ <input type="checkbox"/> High Building 3.2.6 <input type="checkbox"/> Part 11				
Proposed Construction: <input type="checkbox"/> Combustible <input type="checkbox"/> Noncombustible				
Combustible Construction: <input type="checkbox"/> Permitted <input type="checkbox"/> Not Permitted				
Piping: <input type="checkbox"/> Combustible <input type="checkbox"/> Noncombustible Material Type _____				
Building will face _____ public street(s) (3.2.2.10)				
Fire Hydrant located within _____ m <input type="checkbox"/> from building entrance <input type="checkbox"/> from Fire Department connection				
Sprinkler System Proposed: <input type="checkbox"/> Entire Building <input type="checkbox"/> Basement Only; <input type="checkbox"/> In Lieu of Roof Rating <input type="checkbox"/> Not Required				
Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Private				
Fire Alarm: 3.2.4 Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No 2 Stage: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Emergency Lighting: 3.2.7.3 Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exit Signs: 3.4.5 Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Stand Pipe: 3.2.9 Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Signal to Fire Dept: 3.2.4.7 Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Design and Review by: <input type="checkbox"/> OAA <input type="checkbox"/> P. Eng <input type="checkbox"/> CET <input type="checkbox"/> MAATO Other _____				
Barrier-Free Design Required: Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Required Fire Resistance Rating (FRR)	Horizontal Assemblies FRR	Design No. or Description	FRR of Supporting Members	Design No. or Description
	_____ FI _____ Hrs		_____ Hrs	
	_____ FI _____ Hrs		_____ Hrs	
	_____ FI _____ Hrs		_____ Hrs	
	_____ FI _____ Hrs		_____ Hrs	
	Roof _____ Hrs		_____ Hrs	
	Mezzanine _____ Hrs		_____ Hrs	
Prepared by: Name: _____ (please print) Firm: _____				
Date: _____ Signature: _____ Phone: _____				
<input type="checkbox"/> OAA <input type="checkbox"/> P. Eng <input type="checkbox"/> CET <input type="checkbox"/> MAATO Other _____				