



Statement of Design For Existing Buildings

A. Project Information

Municipal address: _____ Permit application no (office use only): _____

Scope of work (select all that apply): ☐ addition ☐ alteration ☐ change of use

Existing use: _____

Proposed use: _____

Previous building permits: _____

B. Building Information

Major occupancies: _____ 3.1.2.

Building area (m²): existing: _____ demolished: _____ proposed: _____ total: _____ Defined ⁽⁵⁾

Gross area (m²): _____ Defined ⁽⁵⁾

Storeys: above grade: _____ below grade: _____ Defined ⁽⁵⁾

Building height (storeys): _____ Defined ⁽⁵⁾

Height of building (m): _____

Number of streets: _____ 3.2.2.10. & 3.2.5.5.

Occupant load: existing: _____ proposed: _____ 3.1.17.

C. Design Information

Mezzanine: _____ 3.2.1.1.

Existing area of mezzanine (m²): _____

Demolished area of mezzanine (m²): _____

Proposed area of mezzanine (m²): _____

Net total area of mezzanine (m²): _____

Interconnected floor space: ☐ yes ☐ no 3.2.8.

Exit(s) through lobby: ☐ yes ☐ no 3.4.4.2.

Building classification(s): 3.2.2. _____ 3.2.2.

Proposed construction: _____ 3.1.4. – 3.1.6.

High Building: ☐ yes ☐ no 3.2.6.

Hazardous substances: ☐ yes ☐ no 3.3.1.2 & 3.3.6.

Barrier-free design: _____ 3.8.

Washrooms: _____ 3.7.4. & 3.8.2.3.

Existing water closets: Male: _____ Female: _____ Staff: _____ Universal: _____

Proposed water closets: Male: _____ Female: _____ Staff: _____ Universal: _____

Total water closets: Male: _____ Female: _____ Staff: _____ Universal: _____



D. Fire Safety

☐ Section Not Applicable

Sprinklers (existing): NFPA: Edition: _____
Sprinklers (proposed): NFPA: Edition: _____ 3.2.5.12.
Supervised system: ☐ yes ☐ no
Standpipe system (existing): NFPA: Edition: _____
Standpipe system (proposed): NFPA: Edition: _____ 3.2.5.8.
Fire alarm system: _____
Maglocks: ☐ yes ☐ no 3.3.1.13 & 3.4.6.16.
Fire resistance ratings:

Location	HR Rating	U.L.C. (if applicable)
Floor above basement:	_____	_____
Other floor(s):	_____	_____
Roof:	_____	_____
Mezzanine:	_____	_____
Columns/bearing walls:	_____	_____

E. Mechanical

☐ Section Not Applicable

Commercial kitchen: 6.3.1.6. & 6.9.1.3.
Concealed space (floor or ceiling) used as a plenum: ☐ yes ☐ no 3.1.9.6. & 3.6.4.3.
New / relocated roof top unit: ☐ yes ☐ no 4.1.4. – 4.1.6.

F. Designer Information

Name of Designer: _____ ☐ Architect ☐ P. Eng. ☐ Designer
Company Name: _____

Name Signature Date

Notes:

- (1) Submission of this form does not replace or eliminate the requirement for any other forms, schedules, or documentation required under the Ontario Building Code or other applicable legislation.
- (2) This form shall be read in conjunction with the permit drawings and supporting documents.
- (3) This form does not exempt the designer from submitting the OAA forms for evaluation of an existing building when applying Part 10 or Part 11.
- (4) Requirements for the design and general review by an architect or PEO licensee or combination of both for the construction, enlargement, or alteration of a building are set out in the Architects Act and the Professional Engineers Act. Please refer to the PEO and OAA for more information.
- (5) Defined terms are as per Div. A. 1.4.1.2. of the Ontario Building Code (O.Reg. 163/24), as amended.
- (6) Relevant code references are as per the Ontario Building Code (O.Reg. 163/24), as amended.