

## 2020 National Building Code of Canada (NBC) Analysis Form – by Designer

STAFF USE		FORM – B6
Date Received		
Received By		
Master File ID		

All building permit applications for work to buildings, other than single or two unit dwellings and except when waived by the building inspector, shall be accompanied by this form in order to state design specifics and confirm compliance with certain NBC requirements.

### Section (A) - PROJECT INFORMATION

Name of Registered Owner:	
Building/Project Name (optional):	
Project Address:	
PID Number(s):	
Project Description:	
Previous Use of Building:	

### Section (B) – BUILDING CODE ANALYSIS

Section (B) – BUILDING CODE ANALYSIS													NBC Div.B References					
1. Building Information													PART 3	PART 9				
1	Type of Work:	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Change of Use																
2	Firewall Proposed:	<input type="checkbox"/> No <input type="checkbox"/> Yes – Provide a B6 Form for each building											3.1.10.	9.10.11.				
3	Building Area (m <sup>2</sup> ):	Existing: _____ New: _____ Total: _____											Div. A 1.4.1.2.					
4	Number of Storeys:	Above Grade (building height): _____ Below Grade (basement(s)): _____											Div. A 1.4.1.2.					
5	Mezzanine: (Provide info on plans)	<input type="checkbox"/> None <input type="checkbox"/> Yes, <u>is</u> considered a storey <input type="checkbox"/> Yes, <u>not</u> considered a storey											3.2.1.1.	9.10.4.1.				
6	Building Regulated by:	<input type="checkbox"/> Part 3 <input type="checkbox"/> Part 9											Div. A 1.3.3.					
7	Floor Area and Major Occupancies: (If more space is required, provide info on plans or separate sheet) (F3 occupancies may require a report indicating that combustible contents are not more than 50 kg/m <sup>2</sup> or 1200 MJ/m <sup>2</sup> )												Div. A 1.4.1.2.					
	Name	Floor Area (m <sup>2</sup> )	# of Suites	Major Occupancies – Select all applicable (see definition – may include subsidiary occupancies if they are integral)											Govern. Article (Part 3 buildings)			
	Basement			<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> B3	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	3.2.2. _____	
	1 <sup>st</sup> Storey			<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> B3	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	3.2.2. _____	
	2 <sup>nd</sup> Storey			<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> B3	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	3.2.2. _____	
	3 <sup>rd</sup> Storey			<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> B3	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	3.2.2. _____	
	4 <sup>th</sup> Storey			<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> B3	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	3.2.2. _____	
	Mezzanine			<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> B3	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	3.2.2. _____	
8	Number of Streets:	<input type="checkbox"/> 1 street <input type="checkbox"/> 2 streets <input type="checkbox"/> 3 streets											3.2.2.10.					
9	Permitted Construction:	<input type="checkbox"/> Noncombustible <input type="checkbox"/> Combustible and/or Noncombustible											3.2.2.20 - 90.					
10	Proposed Construction:	<input type="checkbox"/> Noncombustible <input type="checkbox"/> Combustible <input type="checkbox"/> Both											Div. A 1.4.1.2.					
11	Occupant Load (O.L.): (Indicate the O.L. of each room on plans)	<input type="checkbox"/> By m <sup>2</sup> / person (T.3.1.17.1) <input type="checkbox"/> By design of building – <b>Provide explanation</b> Basement : _____    Mezzanine : _____    1 <sup>st</sup> storey : _____ 2 <sup>nd</sup> storey : _____    3 <sup>rd</sup> storey : _____    4 <sup>th</sup> storey : _____											3.1.17.	9.9.1.3.				

Building Information (continued)								PART 3	PART 9
12	Sprinkler System :		<input type="checkbox"/> None <input type="checkbox"/> New portion of building only <input type="checkbox"/> Throughout entire building <input type="checkbox"/> Interconnected floor space <input type="checkbox"/> Existing building only <input type="checkbox"/> In lieu of: _____				3.2.2.18. 3.2.5.12.	9.10.1.3.	
13	Standpipe System :		<input type="checkbox"/> No <input type="checkbox"/> Yes				3.2.5.8.	9.10.1.3.	
14	Adequate Water Supply – Fire :		<input type="checkbox"/> No <input type="checkbox"/> Yes, provided by : _____				3.2.5.7.	9.10.20.	
15	Dist. to nearest Fire Hydrant:		<input type="checkbox"/> N/A <input type="checkbox"/> 45m or less to Fire Dept. Connection (FDC) <input type="checkbox"/> 90m or less – No FDC				3.2.5.	9.10.20.3.	
16	Fire Alarm System :		<input type="checkbox"/> Not Required <input type="checkbox"/> Yes – single stage <input type="checkbox"/> Yes – two stage				3.2.4.	9.10.18.2.	
17	High Building:		<input type="checkbox"/> No <input type="checkbox"/> Yes – NBC clause 3.2.6.1.(1) _____				3.2.6.		
18	Hazardous Substances:		<input type="checkbox"/> None <input type="checkbox"/> Yes – If yes, please provide details				3.3.1.2.	9.10.1.3.	
19	Fuel Fired Appliances:		<input type="checkbox"/> N/A <input type="checkbox"/> Heat <input type="checkbox"/> Cooking <input type="checkbox"/> Laundry <input type="checkbox"/> Humidifier <input type="checkbox"/> Other: _____				3.6.	9.10.	
20	Vertical Service Space or Shafts:		<input type="checkbox"/> No <input type="checkbox"/> Yes (building services, linen or garbage chutes, etc.)				3.6.3.	9.10.	
21	Emergency Power for Lighting:		Powered by : _____ for a period of _____ minutes				3.2.7.4.	9.9.12.3.	
22	Emergency Power for Fire Alarm:		<input type="checkbox"/> N/A <input type="checkbox"/> Yes, powered by _____ for a period of _____ minutes				3.2.7.8.		
23	Emergency Power for Services:		<input type="checkbox"/> N/A <input type="checkbox"/> Yes, powered by _____ for a period of _____ minutes				3.2.7.9.		
24	Fire Alarm signals to Fire Dept.:		<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No – Affixed notice is required as permitted by NBC				3.2.4.7.	9.10.18.3.	
25	Fire Dept. Access Route:		<input type="checkbox"/> Compliant with NBC 3.2.5.6. <input type="checkbox"/> Compliant with NBC 9.10.20.3.				3.2.5.6.	9.10.20.3.	
26	Fire Dept. Time of Response:		_____ minutes – from notification to arrival in 90% or more of the calls				3.2.3.1.	9.10.15.3.	
27	Spatial Separation (If spatial separation is based on separate fire compartments, please provide calculations)						3.2.3.	9.10.14 -15.	
	Wall	Limiting Distance (m)	Area of EBF (m²)	L/H or H/L Ratio	% Openings Permitted	% Openings Proposed	Required Type of Construction	Required Cladding Type	Required FRR
	North								
	East								
	South								
	West								
28	Barrier-Free Design:		<input type="checkbox"/> N/A <input type="checkbox"/> Yes, in compliance with N.B. Barrier-Free Regulation 2021-3.				NB Regulation 2021-3		
29	Alternative B.F. Design		<input type="checkbox"/> N/A <input type="checkbox"/> CSA B651, in lieu of 3.8.3.2 to 3.8.3.23. of Reg. 2021-3.				Reg. 2021-3 – 3.8.3.1.(1)(b)		
30	Alternative Solution(s) Proposed:		<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please submit your documentation for evaluation.				Div. A 1.2.1. & Div. C 2.3.1.		
2. Additional Notes (optional)									
Section (C) – DECLARATION									
I hereby acknowledge that I am the designer responsible for this project and have reviewed the plans and specifications associated with this project as well as the above information to insure they are complete, correct and in compliance with the National Building Code of Canada 2020 and the Barrier-Free Design Building Code Regulation – Building Code Administration Act – 2021-3, where applicable.							(Seal required for Part 3 buildings)		
Name of Designer									
Telephone Number:									
Email address:									
Date:									
Signature:									