

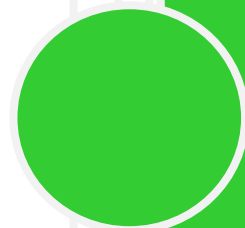
# SITE PLAN PROCESS

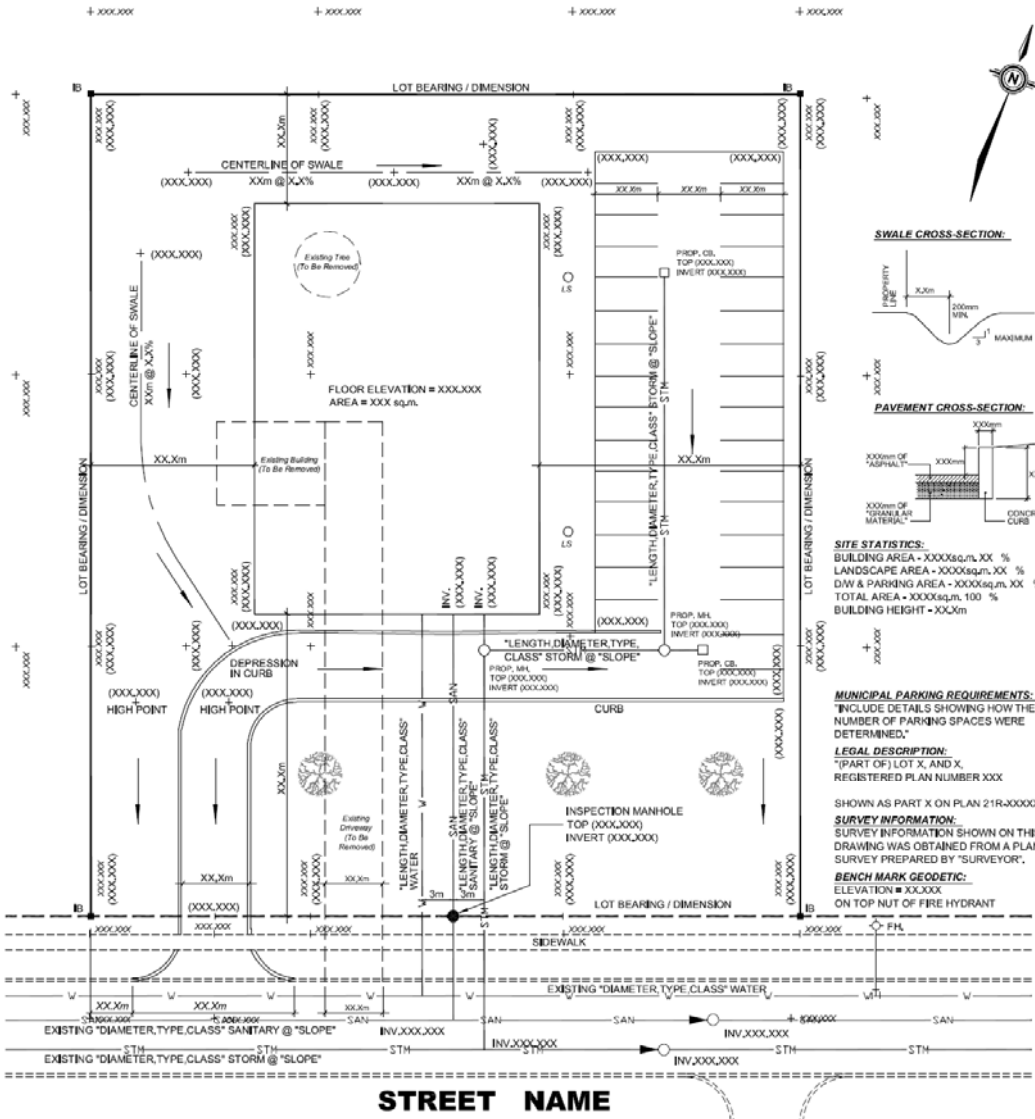
SITE PLAN EXAMPLE- SCHEDULE B



The City of Cornwall – Planning Division

Revised 2009





2006 Building Code Data Matrix	
Firm Name:	
Certificate of Practice Number: The Certificate of Practice Number of the holder is the holder's BCDN.	
Firm Address:	
Name of Project:	
Location:	
The architect noted above has exercised responsible control with respect to design activities. The architect's seal number is the architect's BCDN.	

Item									
1	Project Description:	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Part 3	<input type="checkbox"/> Part 9			
2	Building Design Classification	3, 2, 2	Major Occupancy: Group _____	Division _____					
			Major Subsidiary Occupancy: Group _____, Division _____	<input type="checkbox"/> Not Applicable					
3	Building Area	(sq m) Existing _____	(sq ft) Existing _____	Barrier-Free Design (Section 3.8)					
		(sq m) New _____	(sq ft) New _____	<input type="checkbox"/> YES					
		(sq m) Mezzanine _____	(sq ft) Mezzanine _____	<input type="checkbox"/> NO (explain)					
		(sq m) TOTAL _____	(sq ft) TOTAL _____						
4	Construction Type	<input type="checkbox"/> Combustible <input type="checkbox"/> Non Combustible							
5	Number of Stories	Above Grade _____ Below Grade _____			Over 13m?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
6	Building Height	(sq m) _____ (sq ft) _____			Over 36m?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
7	Number of Streets	(as per OBC Article 3.2.2.10)							
8	Sprinkler System	Entire Building _____ in Lieu of Roof Rating _____ Basement Only _____ (sq ft) New _____ Provided under Base Building (if applicable)							
9	Fire Alarm System	<input type="checkbox"/> YES <input type="checkbox"/> NO	10. Standpipe System		<input type="checkbox"/> YES <input type="checkbox"/> NO				
11	Occupant Load	General Public = _____ Persons		Employees / Staff = _____ Persons					
12	Plumbing Req'n't	Male _____	Female _____	Shared Staff Washrooms (3.7.4.3 (8))					
		Required _____	Provided _____						
13	Spatial Separation	WALL	AREA OF EBF (m <sup>2</sup> )	Limiting Distance (m)	L/H or H/L	Permitted max % of Openings	Fire Resistance Rating (HRS.)	Listed Design or Description	Construction Type
		NORTH							
		SOUTH							
		WEST							
		EAST							

**Zoning Legend - Sample**

Zoning and Use:	
Lot Area (m <sup>2</sup> )	frontage _____ depth _____ rear _____
Setbacks (m) - front	rear _____ sides _____ & _____
Paved area m <sup>2</sup>	Required Parking spaces Calculations
Parking spaces	
Number of Existing _____	
Number of New _____	
Total Provided _____	
Landscaped area m <sup>2</sup> _____	percentage of site _____ %
Plantings (list species)	

"Name of Person or Firm that prepared Drawing"			No.	REVISIONS	APR'D	DATE
			"OWNER or CLIENTS NAME"			
"DRAWING TITLE"						
"STREET ADDRESS"						
Drawn: XX	Approved: XX	Plan No.				
Scale: X:XX	Date: XX/XX/XX	XXXX				

**LEGEND**  
(XXX.XXX) DENOTES PROPOSED ELEVATION  
XXX.XXX DENOTES EXISTING ELEVATION  
O LS DENOTES LIGHT STANDARD

**NOTE:**  
THIS DRAWING IS ONLY MEANT TO BE AN EXAMPLE OF WHAT A SITE PLAN COULD LOOK LIKE.