



Statement of Design

This form is authorized under the Town of Ajax Building By-Law

Name and Street Address of Proposed Construction _____

Classification of the Building by Major Occupancy(s) and Subsidiary Occupancy(s):

Major Occupancy(s) _____

Subsidiary Occupancy(s) _____

Occupant Live Load _____

If Alteration/Renovation: Age of Building: ____ Previous Occupancy: _____ Intended Use: _____

Building Classification Related to Occupancy (OBC, Division B – Subsection 3.2.2.)

Article: _____

	Provided	
Building Area (m ²)		
Number of Stories		
Building Height (m)		
Number of Streets		
Sprinkler Protection of Building		
Construction Type		
Ceiling Used as Plenum (OBC, Division B – 3.6.4.3.)		
Travel Distance		
Fire Separation/Rating:	Required	Provided
Walls		
Floors		
Mezzanine		
Roof		
Columns, Beams		
Firewall		
Fire Alarm System		
Standpipe and Hose		
Signal to Fire Department		

Snow and Rain Information: _____

 Name of Professional Designer Tel.: () Fax: ()

Date: _____ Signature: _____

cc. Fire Department, attach to drawing