

TOWN OF ISLIP DEPARTMENT OF PLANNING AND DEVELOPMENT DIVISION OF BUILDING



One Manitton Court, Islip, New York 11751 Plans Examiners 631-224-5467

COMMERCIAL PLAN INTAKE CHECKLIST NEW BUILDING

This checklist must be completed by the Registered Design Professional. Applications will not be accepted for intake until the minimum requirements for review are provided (as listed below and on the permit requirements forms.) For instructions on how to apply for a building permit, refer to the <u>Building Permit Requirements forms</u> on our website at islipny.gov.

TAX MAP #: 0500-_____ SUBJECT PROPERTY: _____

| Please check "C" (complete), "I" (incomplete) or "N/A" (not applicable), and include location on plans for each item below. | | | | | | | | |
|--|--|-------------------------|-----|----------------------|---------------------|--|---------------------|--|
| PERMIT APPLICATION | | Requir forma | | Location on Plans | Department Comments | | | |
| | | I | N/A | Example: A-3 | Department Use Only | | | |
| Email Address of Owner and Design Professional | | | | | | | | |
| Board of Health Required? Yes No | | | | | | | | |
| Proper description of work | | | | | | | | |
| Architectural Review Approval – or – Letter from Planning | | | | | | | | |
| Letter of Use/ Letter of Intent – A completed <u>Letter of Use/</u> <u>Letter of Intent form</u> (see website) describing the proposed business and proposed work to be done | | | | | | | | |
| Flood Zone Determination required if any part of the property is in a flood zone (<u>Flood Zone Determination</u> <u>Request Form</u> is located on Planning webpage) | | | | | | | | |
| SITE PLANS | | Required Information | | _ | | | Department Comments | |
| | | I | N/A | Example: A-3 | Department Use Only | | | |
| Approved site plan – or – | | | | _ | | | | |
| Letter from Engineering allowing for Building permit submission. The Plans Examiner will require a site plan for code compliance | | | | | | | | |

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| ARCHITECTURAL PLANS | | equiro ormat | | Location on Plans | Department Comments | |
|---|--|-----------------|-----|----------------------|----------------------------|--|
| | | I | N/A | Example: A-3 | Department Use Only | |
| Town of Islip Plans Examiner Note on the title page of each trade set of plans: | | | | | | |
| Town of Islip Building Plans Examiner shall review the enclosed document for minimum acceptable plan submittal requirements of the Town of Islip as specified in the Building and/or Residential Code of the State of New York. This review does not guarantee compliance with that code. The seal and signature of the design professional has been interpreted as an attestation that, to the best of the licensee's belief and information, the work in the document is: • Accurate • Conforms with governing codes applicable at the time of submission | | | | | | |
| Conforms with reasonable standards of practice and with view to the safeguarding of life, health, property and public welfare Let 1997 A | | | | | | |
| Is the responsibility of the licensee | | | | | | |
| All appropriate NYS Codes and Reference Standards | | | | | | |
| Roof Ventilation | | | | | | |
| Manufacturer specifications packages as required by Code. | | | | | | |
| Window & door schedules with manufacturer, model, sizes, egress, projection factor & calculations, U Value, SHGC, VT, design pressure, air leakage, and guard information type | | | | | | |
| Siding & roofing compliance specifications | | | | | | |
| Town of Islip Building Code Evaluation Summary on plans | | | | | | |
| Attachments # 1 & # 2 of the 2020 NYS Building Code Evaluation Summary | | | | | | |
| Town of Islip Geographical Table | | | | | | |
| All glazing information including type, labeling, & design loads | | | | | | |
| Construction Type | | | | | | |
| Clearly state building use and occupancy. Storage buildings and mercantile uses shall clearly note commodity classes, amounts and where stored. Clearly state and delineate incidental, accessory and mixed uses and whether or not such occupancies are to be separated by fire rated assemblies. | | | | | | |
| Compliance with NYSBC Chapter 33 for Construction Safeguards as applicable | | | | | | |

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| STRUCTURAL PLANS | | equir ormat | | Location on Plans | Department Comments | |
|--|-------------------------|----------------|------|----------------------|--|--|
| | С | I | N/A | Example: A-3 | Department Use Only | |
| Method used for structural design (material specific) Example: LRFD | | | | | | |
| Special inspection approved agency information (BCNYS 1703) | | | | | | |
| Drawings signed and sealed by a NYS Registered Design Professional for all pre-engineered assemblies including wood roof and floor trusses, cold formed construction, open web steel trusses, canopies & awnings, and pre-engineered buildings | | | | | | |
| Building components for lateral (shear walls or braced walls) and uplift resistance | | | | | | |
| Town of Islip Structural Affidavit. | | | | | | |
| Provide signed/sealed structural calculations for buildings 2 stories and over. | | | | | | |
| All connections for steel and cold formed steel including fastening such as bolting, welding and screws are to be detailed and called out. | | | | | | |
| MECHANICAL / ELECTRICAL / PLUMBING PLANS | Required Information | | | | | |
| MECHANICAL / ELECTRICAL / PLUMBING PLANS | | - | | Location on Plans | Department Comments | |
| MECHANICAL / ELECTRICAL / PLUMBING PLANS | | - | | | Department Comments Department Use Only | |
| MECHANICAL / ELECTRICAL / PLUMBING PLANS Town of Islip Geographical Table | Inf | ormat | tion | Plans | • | |
| | Inf | ormat | tion | Plans | • | |
| Town of Islip Geographical Table | Inf | ormat | tion | Plans | • | |
| Town of Islip Geographical Table All new buildings and additions (No deferred submittals) | Inf | ormat | tion | Plans | • | |
| Town of Islip Geographical Table All new buildings and additions (No deferred submittals) Energy Code mandatory sections addressed MECHANICAL. Provide building heat/cooling loads and systems and duct sizing calculations ASHRAE 183 or | Inf | ormat | tion | Plans | • | |
| Town of Islip Geographical Table All new buildings and additions (No deferred submittals) Energy Code mandatory sections addressed MECHANICAL. Provide building heat/cooling loads and systems and duct sizing calculations ASHRAE 183 or Manuals J, S, & D residential up to and including 3 stories. All mechanical equipment clearly identified on the plans. Service and hot water design & piping shown. Specifications, including but not limited to type, power, fuel, capacity, BHP, HP, KW, and efficiency along with | Inf | ormat | tion | Plans | • | |

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| Provide Accurate HVAC units count and type of power source (For RTU's, Split systems, ERV's, MUA, Kitchen hoods, Boilers, AHU, Clothes dryers etc. gas, electric, oil) | | | | | | |
|---|-------------------------|---|-------|--------------|----------------------------|--|
| ELECTRICAL. Provide full electrical and lighting plans. Circuit panel sizing & location, smoke & Carbon Monoxide specifications, Lighting Schedule with number of fixtures and number of lights/luminaires and wattages, Control Operation Narrative, daylight and side light drawings and calculations, interior lighting power allowance calculations shall be provided. | | | | | | |
| PLUMBING. Provide plumbing and gas supply risers, sanitary drainage and venting risers with sizes, pitches and quantifying values along with reference standard sections/ tables used for design | | | | | | |
| Provide plumbing fixtures type and count (for water closets, lavatories, urinals, tubs/showers, sinks, service sinks, drinking fountains, dishwashers, washing machines, floor sinks, floor drains etc.) | | | | | | |
| OTHER EQUIPMENT. Accurate count and type of power source (For water heaters, generators, cooking appliances, gas piping, medical gas etc.) | | | | | | |
| ENERGY CODE | Required Information | | - | | Department Comments | |
| | C | т | TAT/A | T 1 . | D (III O I | |
| | | I | N/A | Example: A-3 | Department Use Only | |
| All sections of referenced codes noted as mandatory clearly addressed by the Registered Design Professional on the plan (even if a computer analysis is submitted) | | 1 | N/A | Example: A-3 | Department Use Only | |
| addressed by the Registered Design Professional on the plan | | 1 | N/A | Example: A-3 | Department Use Only | |
| addressed by the Registered Design Professional on the plan (even if a computer analysis is submitted) Thermal barrier clearly identified, along with insulation | | 1 | N/A | Example: A-3 | Department Use Only | |
| addressed by the Registered Design Professional on the plan (even if a computer analysis is submitted) Thermal barrier clearly identified, along with insulation types, thickness, and R (or U) Values noted Written Commissioning Statement as sited in both the 2020 | | 1 | N/A | Example: A-3 | Department Use Only | |
| addressed by the Registered Design Professional on the plan (even if a computer analysis is submitted) Thermal barrier clearly identified, along with insulation types, thickness, and R (or U) Values noted Written Commissioning Statement as sited in both the 2020 NYSECCC and ASHRAE 90.1 Reference Standards Provide all Energy Code Compliance information & specifications for heating and cooling systems and hot water | | 1 | N/A | Example: A-3 | Department Use Only | |
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| Air barrier compliance esting). If materials: | including methods (materials or | | | | | |
|---|--|------------------|---------------|---------------|------------------|--|
| | g clearly defining location in the ers, allowed material types & how penetrations. | | | | | |
| f testing: specific testin | ng to be used. | | | | | |
| Energy Certificate & Estatement | nergy Certificate Application | | | | | |
| NYS Registered Design Compliance Statement | n Professional Energy Code | | | | | |
| review as indicated abo | nction documents submitted with tove, and acknowledge that accepta | nce of this appl | cation does | not constitut | e an approval: | |
| 7 Homeou Engineer of 1 | Name | | irm | | | |
| Signature: | | | | | | |
| ADDITIONAL COMM | FOR INT | TERNAL U | | | | |
| This submittal DOI addressing all defic | ES NOT meet the minimum requir iencies noted above | rements for sub | nission; plea | se resubmit | your plans after | |
| PE Initials: | Date: | Comments: | | | | |
| ZI Initials: | Date: | Comments: | | | | |
| This submittal mee | ts the minimum requirements for s | submission | | | | |
| PE Initials: | Date: | Comments: | | | | |
| ZI Initials: | Date: | Comments: | | | | |

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