



**TOWN OF ISLIP
DEPARTMENT OF PLANNING AND DEVELOPMENT
DIVISION OF BUILDING**



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

C

**COMMERCIAL PLAN INTAKE CHECKLIST
EXISTING BUILDING**

All plans submitted for approval must contain the following information. You must check off complete, incomplete, or N/A for each item and identify the location of the information on the plans. This document is to be signed and submitted with all building permit applications.

For instructions on how to apply for a building permit, refer to *Building Permit Requirements – Commercial* flyer on our website at <https://islipny.gov/departments/planning-and-development/>.

KEY:
“C” = Complete
“T” = Incomplete
“N/A” = Not Applicable

PERMIT APPLICATION	Required Information			Location On Plans	Internal Use Only
	C	I	N/A	Example: A-3	
Email Address of Owner and Design Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Board of Health Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper description of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Architectural Elevation Approval from Planning Dept. (required for any changes to the exterior of the building <i>INCLUDING</i> addition of mechanical equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Letter of Use/ Letter of Intent – A completed Letter of Use/Letter of Intent form (see website) describing the proposed business and proposed work to be done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Certificate of Occupancy identifying the building, space or suite taking over. Especially in multi-tenant buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SITE PLANS	Required Information			Location On Plans	Internal Use Only
	C	I	N/A	Example: A-3	
<input type="checkbox"/> Approved site plan – or – <input type="checkbox"/> Letter from Engineering allowing for Building permit submission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ARCHITECTURAL PLANS EXISTING BUILDINGS MUST CONFORM TO REQUIREMENTS OF THE 2020 EXISTING CODE OF NEW YORK STATE (Plan review is based on the last legal condition of the space, building or structure).	Required Information			Location On Plans	Internal Use Only
	C	I	N/A	Example: A-3	
Occupant Key Plan as required on Letter of Use/Letter of Intent form, including size, use of each space. Provide fire separation of each space and level (if required by code)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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: <ul style="list-style-type: none"> ▪ 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 ▪ Is the responsibility of the licensee 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Design Professional statement for each applicable ENERGY TRADE (MEP’S) as per NYSECCC C105.2.2 (statement required for each applicable trade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Town of Islip Design Requirements Geographic Table (located on our website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Method selected according to 2020 NYSEBC 301.1 – Prescriptive, Work Area, Performance, for Repair, Alteration, Change of Occupancy or Use and Additions. (For additions, provide the TOIBES* form). Provide an analysis indicating “How” you are meeting compliance for each applicable section. (If you choose to comply with the intent of the ENTIRE 2020 BCNYS, you may do so as allowed by EBCNYS Chapter 5 for Addition, Alteration, Change of Occupancy and historic buildings).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Shell only vacant buildings that have never been granted a legal use cannot use the NYS Existing Building Code. (Provide a TOIBES for new construction when applicable) *(TOIBES) Town of Islip Building Evaluation Summary: Required for any ADDITION and SHELL ONLY VACANT buildings occupied WITHOUT the benefit of a Certificate of Occupancy for any specific use. Visit the Town of Islip website under Permits and Records and search for “New York State Building Code Evaluation Summary” form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All applicable building data (former legal use, proposed use, building type, sprinklers, building areas, rating separation, label spaces based on use with square footage and occupant load calculation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Egress plan - travel distance, number of exits, door sizes, corridor and stair width	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Demolition plan (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Existing floor plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Allowable Building Area and Height calculations, including Frontage & Fire Protection calculations (for Additions only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Manufacturer specifications packages as required by Code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Windows & doors schedules with manufacturer, model, sizes, egress, projection factor & calculations, U-Value, SGHC, VT, Design pressure, Air leakage and guard information type. As applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Drawings signed and sealed by a NYS Registered Design Professional, 24x36 max. (or as otherwise approved by Building Official)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Compliance with NYSEBC Chapter 15 for Construction Safeguards as applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
STRUCTURAL PLANS	Required Information			Location On Plans	Internal Use Only
	C	I	N/A	Example: <i>A-3</i>	
Structural work to include design parameters such as live loads, dead loads, wind, snow, ponding, seismic etc. as per BCNYS 1603.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Special inspection approved agency information (BCNYS 1703)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Statement of special inspections as per BCNYS 1704.3 and BCNYS 1705 for steel, concrete, masonry, prefabricated items (wood, steel), soils, helical plies, bolting, welding etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Drawings signed and sealed by a NYS Registered Design Professional for all pre-engineered assemblies, wood or steel trusses for roof and floor truss system (shop drawings); 24x36 max. (or as otherwise approved by Building Official)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All connections for Wood, Steel and Cold Formed Steel including fastening such as bolting, welding and screws are to be detailed and called out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Town of Islip Structural Affidavits (For any substantial structural work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

MECHANICAL / ELECTRICAL / PLUMBING PLANS	Required Information			Location On Plans	Internal Use Only
	C	I	N/A	Example: A-3	
All applicable NYS Mechanical Code, NYS Plumbing Code sections to be referenced on plans for any NEW WORK.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MECHANICAL. Provide complete ductwork layout, sizes, material, connections, exhaust systems, system details, unit schedules, schematics specs etc. (As applicable for NEW WORK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Outdoor air ventilation calculations (fresh air intake) for reconfiguration of spaces, change of use-occupancy, and additions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ELECTRICAL. Full electrical and lighting plans for any new work: 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 sidelight drawings and calculations, interior lighting power allowance calculations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PLUMBING. Provide plumbing risers, gas supply risers, sanitary drainage, venting risers with sizes, pitches and quantifying values, applicable reference standard sections & tables used for design. (As applicable for NEW WORK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER EQUIPMENT. Accurate count and type of power source (For water heaters, generators, cooking appliances, gas piping, medical gas etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ENERGY CODE	Required Information			Location On Plans	Internal Use Only
	C	I	N/A	Example: A-3	
NYSECCC for Existing Buildings gives two options – clearly indicate which code is being used and how the Code is met on the plans: <input type="checkbox"/> NYSECC CHAPTER 5 for Additions, Alterations, Repairs, Change of Use – Occupancy and NYSECC Chapter 4 as applicable. -or- <input type="checkbox"/> ASHRAE 90.1-2016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reflect all applicable mandatory sections on the plans, even if ComCheck is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Show thermal envelope details (insulation type for walls, foundation, slab, roof / air leakage, fenestration U-Factors, SHGC, air leakage of fenestration) as required by the compliance path chosen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Building and Mechanical Systems: <ul style="list-style-type: none"> ▪ Building heat / cooling loads and systems calculations ANSI/ASHRAE/ACCA Standard 183 or Equal. ▪ All equipment schedules, specs, sizing, features such as performance requirements, efficiency, controls, ventilation, recovery ventilation system, duct plenum insulation, air systems (fans), economizers etc. As required by any of the compliance paths. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Service water heating – Efficiency of all equipment, heat traps, piping insulation, water temperature maintenance and pipe length/volume of heated water as required by the compliance path chosen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Electrical Power and Lighting Systems – Controls, exterior-interior lighting power requirements, lighting fixture schedule and control narrative, location of controls and fixtures as required by the compliance path chosen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Written Commissioning Statement as required by the NYSECC 408 or ASHRAE 90.1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER CODES	Required Information			Location On Plans	Internal Use Only
	C	I	N/A	Example: <i>A-3</i>	
Compliance to BC, FC, FGC and PMC for All other work. <input type="checkbox"/> Elevators <input type="checkbox"/> Racks <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Kitchen hoods <input type="checkbox"/> Trusses <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER AGENCIES	Required Information			Location On Plans	Internal Use Only
	C	I	N/A	Example: <i>A-3</i>	
Suffolk County Department of Health (BOH), Southwest Sewer District, Department of Agriculture, Department of Environmental Control, Office of Children and Family Services, NYS Office of Mental Health, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

I attest that the construction documents submitted with this building permit application contain the minimum requirements for review, as required above, and acknowledge that acceptance of this application does not constitute an approval:

Architect/ Engineer of Record: _____ Date: _____
Name Firm

Signature: _____ Date: _____

FOR INTERNAL USE ONLY

ADDITIONAL COMMENTS: _____

This submittal DOES NOT meet the minimum requirements for submission; please resubmit your plans after addressing all deficiencies noted above.

PE Initials: _____ Date: _____ Comments: _____

ZI Initials: _____ Date: _____ Comments: _____

This submittal meets the minimum requirements for submission.

PE Initials: _____ Date: _____ Comments: _____

ZI Initials: _____ Date: _____ Comments: _____