



TOWN OF ISLIP
DEPARTMENT OF PLANNING AND DEVELOPMENT
DIVISION OF BUILDING

One Manittion Court, Islip, New York 11751

Administration.....631-224-5464
Inspectors/Inspections....631-224-5470
Permits.....631-224-5466

Plans Examiner.....631-224-5467
Records.....631-224-5470
Zoning.....631-224-5438

PLACE STICKER HERE

LETTER OF USE (LETTER OF INTENT) FORM

A Letter of Use (Letter of Intent) is a description of proposed business operations and is required for all commercial building permit applications. The information provided on this form will help to ensure that the proposed use conforms with the New York State Uniform Code, Town of Islip Zoning Code and the Subdivision and Land Development Regulations.

Please complete this form in its entirety; separate forms are required for each tenant subject to a permit application.

REQUIRED INFORMATION – COMPLETE ALL FIELDS REGARDLESS OF APPLICATION TYPE	
Subject Address: (include Unit #)	
Tax Map #:	Section: _____ Block: _____ Lot: _____
Building Information:	Construction Type (as per NYSBC): _____ # of Stories: _____ Sprinklered (Y/N): _____ Building Area: _____ sf
Name of Proposed Business:	
Brief Description of Proposed Business:	
Land use as defined in Islip Zoning Code (Medical office, minor restaurant, etc.)	
Parking Requirements: (as per Appendix E of the Subdivision & Land Development Regulations ; Required for all applications)	
Days and Hours of Operation:	
Indoor Seating (number of seats)*: (*restaurant use only)	
Outdoor Seating / Display (Y/N): (provide details-overnight, granting authority, plans)	
Storage of Goods (Y/N): (provide details-interior, exterior [overnight], type, amount, plans)	
Manufacturing (Y/N): (type, materials)	
Retail Sales (Y/N): (if yes, provide details)	
Construction Work Planned (Y/N): (include any work done without permits / not on CO)	
Plumbing Work Planned (Y/N): (include any work done without permits / not on CO)	

SUBJECT TO CHANGE WITHOUT NOTICE – REFER TO THE WEBSITE FOR CURRENT REQUIREMENTS

Page 1 of 3

Letter of Use - Letter of Intent Requirements 2023-08-31.docx

PLACE STICKER HERE

FOR ASSISTANCE FILLING OUT THE OCCUPANT CLASSIFICATION CHART, AND/OR CREATING THE OCCUPANT KEY PLAN, PLEASE SEE EXAMPLES ON PAGE 3.

OCCUPANCY CLASSIFICATION (AS PER NYS UNIFORM CODE)							
CURRENT LEGAL USE				PROPOSED USE			
EXISTING OCCUPANCY BEING ALTERED <u>AS LISTED ON THE CERTIFICATE OF OCCUPANCY</u>				NEW OCCUPANCY BEING CREATED			
Existing tenant name: _____				Proposed tenant name: _____			
	Occupancy Classification		Area (sf)		Occupancy Classification		Area (sf)
	Occupancy	Use Group			Occupancy	Use Group	
Main Use				Main Use			
Accessory Use				Accessory Use			
Existing Total Tenant Area _____sf				New Total Tenant Area _____sf			
Existing Total Building Area _____sf				New Total Building Area _____sf			

OCCUPANT KEY PLAN (for assistance creating a key plan, see example on page 3)
Is this a multi-tenant building? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach an Occupant Key Plan for <u>all</u> tenants (see example on last page) and clearly identify the subject property.
Is this a commercial condominium building? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach an Occupant Key Plan for <u>all</u> separate tax map #s (see example on last page) and clearly identify the subject property.
If you answered yes to either question above, please annotate the copy of the CO you supplied clearly indicates the subject unit/condo.

THIS FORM WAS COMPLETED BY:			
_____	_____	_____	_____
Name	Affiliation (i.e. Architect, Expeditor, Owner, etc.)	Email	Phone

SEE PAGE 3 FOR EXAMPLES ON HOW TO COMPLETE THIS FORM.

EXAMPLES:

DESCRIPTION OF PROPOSED BUSINESS

Retail pet supply store selling animals and pet products including food, treats, toys and collars.

CONSTRUCTION WORK PLANNED

Demolition of internal portion walls and plumbing. New construction of walls to reconfigure space, new interior lighting, plumbing and drop ceiling.

OCCUPANCY CLASSIFICATION

OCCUPANCY CLASSIFICATION (AS PER NYS UNIFORM CODE)							
CURRENT USE (AS PER CO)				PROPOSED USE			
EXISTING OCCUPANCY BEING ALTERED AS LISTED ON THE CERTIFICATE OF OCCUPANCY				NEW OCCUPANCY BEING CREATED			
Existing tenant name: Dr. Smith				Proposed tenant name: Pet supplies			
	Occupancy Classification		Area (sf)		Occupancy Classification		Area (sf)
	Occupancy	Use Group			Occupancy	Use Group	
Main Use	Office	B	7,500	Main Use	Retail store	M	7,000
Accessory Use				Accessory Use	Storage	s-1	500
Existing Total Tenant Area 7,500 sf				New Total Tenant Area 7,500 sf			
Existing Total Building Area 25,000 sf				New Total Building Area 25,000 sf			

OCCUPANT KEY PLAN (attach as separate sheet)

Unit 1	Unit 2	Unit 3	Unit 4
<u>Parking Calculation</u> 1/150			<u>Parking Required</u> 17
			Unit 5

EXISTING

<u>Suite</u>	<u>Name</u>	<u>Occupancy/use</u>	<u>Area</u>	<u>Parking Calculation</u>	<u>Parking Required</u>
Unit 1	Bottles	M/ Store	2,500 sf	1/150	17
Unit 2	Provost	F-1/ Manufacturing	2,500 sf	85% 1/1,000, 15% 1/200	4
Unit 3	Fitness Corp.	A-3/ Health Club	10,000 sf	1/200	50
Unit 4	Dr. Smith	B/ Medical office	7,500 sf	1/150	50
Unit 5	<u>Vacant</u>	<u>(c/o'd as S-2, B)</u>	2,500 sf	85% 1/1,000, 15% 1/200	4
Total			25,000 sf		125 Stalls

SUBJECT UNIT - CURRENT

PROPOSED

<u>Suite</u>	<u>Name</u>	<u>Occupancy/use</u>	<u>Area</u>	<u>Parking Calculation</u>	<u>Parking Required</u>
Unit 1	Bottles	M/ Store	2,500 sf	1/150	17
Unit 2	Provest	F-1/ Manufacturing	2,500 sf	85% 1/1,000, 15% 1/200	4
Unit 3	Fitness Corp.	A-3/ Health Club	10,000 sf	1/200	50
Unit 4	Pet Supplies	M/ Retail Store	7,500 sf	1/150	50
Unit 5	<u>Vacant</u>	<u>(c/o'd as S-2, B)</u>	<u>2,500 sf</u>	<u>85% 1/1,000, 15% 1/200</u>	<u>4</u>
Total			25,000 sf		125 Stalls

SUBJECT UNIT - PROPOSED