



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

One Manittou Court, Islip, New York 11751

Administration.....631-224-5464    Plans Examiner.....631-224-5467  
 Inspectors/Inspections....631-224-5470    Records.....631-224-5470  
 Permits.....631-224-5466    Zoning.....631-224-5438

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**Building Permit COMMERCIAL Requirements –  
Letter of Use (Letter of Intent) Form**

Visit our website for current fees, forms and applications; Requirements are subject to change without notice.

<https://islipny.gov/departments/planning-and-development/building-division-permits-section>

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.

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

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**FOR ASSISTANCE COMPLETING THE FOLLOWING INFORMATION,  
PLEASE REFER TO THE EXAMPLES ON PAGE 3.**

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

**III. OCCUPANT KEY PLAN (for assistance creating a key plan, see example on page 3)**

Is this a multi-tenant building?  YES  NO  
 If yes, attach an Occupant Key Plan for all tenants (see example on last page) and clearly identify the subject property.

Is this a commercial condominium building?  YES  NO  
 If yes, attach an Occupant Key Plan for all separate tax map #s (see example on last page) and clearly identify the subject property.

If you answered yes to either question above, clearly indicate on the CO the entry that corresponds to the subject unit / condo for this application.

**IV. AFFIRMATION**

I \_\_\_\_\_ hereby affirm the following under the penalties of perjury: I am the owner or an authorized representative of the owner of the Subject Property. I hereby swear and affirm that the information above is true, accurate, and complete to the best of my knowledge, and that no relevant information has been omitted. This affirmation is made to induce the Town of Islip to authorize the issuance of building permits at the Subject Property knowing that it relies upon the truth hereof.

\_\_\_\_\_  
 Signature of Owner or Authorized Representative

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_  
 (President, Chairman, Managing Member)

**FOR EXAMPLES ON HOW TO COMPLETE THIS FORM, SEE SECTION V.**

**V. 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 LEGAL USE (AS PER CO)				PROPOSED USE			
EXISTING OCCUPANCY BEING ALTERED AS LISTED ON THE CERTIFICATE OF OCCUPANCY				NEW OCCUPANCY BEING CREATED			
Existing tenant name: <u>Dr. Smith and Associates</u>				Proposed tenant name: <u>Pet Supplies Unlimited</u>			
	Occupancy Classification		Area		Occupancy Classification		Area
	Type of Business	Use Group			Type of Business	Use Group	
Main Use	Office	B	7,500 sf	Main Use	Retail store	M	7,000 sf
Accessory Use			sf	Accessory Use	Storage	s-1	500 sf
Existing Total Tenant Area <u>7,500</u> sf				New Total Tenant Area <u>7,500</u> sf			
Existing Total Building Area <u>25,000</u> sf				New Total Building Area <u>25,000</u> sf			

**OCCUPANT KEY PLAN (attach as separate sheet)**

	Unit 1	Unit 2	Unit 3	Unit 4
<b>EXISTING</b>				Unit 5

Suite	Name	Occupancy/use	Area	Parking Calculation	Parking Required	
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	
<b>Unit 4</b>	<b>Dr. Smith</b>	<b>B/ Medical office</b>	<b>7,500 sf</b>	<b>1/150</b>	<b>50</b>	<b>SUBJECT UNIT - CURRENT</b>
Unit 5	Vacant	(c/o'd as S-2, B)	2,500 sf	85% 1/1,000, 15% 1/200	4	
<b>Total</b>			<b>25,000 sf</b>		<b>125 Stalls</b>	

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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	
<b>Unit 4</b>	<b>Pet Supplies</b>	<b>M/ Retail Store</b>	<b>7,500 sf</b>	<b>1/150</b>	<b>50</b>	<b>SUBJECT UNIT - PROPOSED</b>
Unit 5	Vacant	(c/o'd as S-2, B)	2,500 sf	85% 1/1,000, 15% 1/200	4	
<b>Total</b>			<b>25,000 sf</b>		<b>125 Stalls</b>	