

## 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

## **EXISTING BUILDING\***

\*A New Building Intake Checklist is required for Additions & Interior Arrangements (completing a shell building) as they must comply with the BCNYS

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.) Links to documents are provided below; visit the Building Division webpage on islipny.gov for additional materials.

| TAX MAP #: 0500- | SUBJECT PROPERTY: |  |
|------------------|-------------------|--|

| Please check "C" (complete), "I" (incomplete) or "N/A" (not applicable), and include location on plans for each item.   |  |                 |     |                      |                            |  |
|---|--|-----------------|-----|----------------------|----------------------------|--|
| GENERAL   |  | Requir<br>forma |     | Location on<br>Plans | Department Comments        |  |
|   |  | I               | N/A | Example: A-3         | <b>Department Use Only</b> |  |
| Permit Application:  • Email addresses for all parties to the application  • Proper description of work   |  |                 |     |                      |                            |  |
| Board of Health Required? Yes No  |  |                 |     |                      |                            |  |
| Architectural Elevation Approval from Planning Division is required for any changes to the exterior of the building, INCLUDING the addition of mechanical equipment.  |  |                 |     |                      |                            |  |
| Letter of Use/Letter of Intent form with all applicable building data including: current legal use as listed on CO; proposed use; building type; sprinklers; building areas; rating separation; occupant key plan indicating square footage, use of each space and occupant load calculation; fire code separation of each space and level (if required by code); proposed work to be done. |  |                 |     |                      |                            |  |
| Certificate of Occupancy identifying the areas (building, space, suite) subject to this application.  |  |                 |     |                      |                            |  |
| 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).   |  |                 |     |                      |                            |  |
| Registered Design Professional written statement as per NYSECCC C105.2.2 re: Energy Code Compliance is required for each applicable trade.  |  |                 |     |                      |                            |  |

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| GENERAL (continued)   |             | Requir<br>format        |     | Location on<br>Plans | Department Comments        |
|---|-------------|-------------------------|-----|----------------------|----------------------------|
|   |             | I                       | N/A | Example: A-3         | <b>Department Use Only</b> |
| 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> <li>Accurate</li> <li>Conforms with governing codes applicable at the time of submission</li> </ul>  |             |                         |     |                      |                            |
| <ul> <li>Conforms with reasonable standards of practice and<br/>with view to the safeguarding of life, health, property<br/>and public welfare</li> </ul>   |             |                         |     |                      |                            |
| Is the responsibility of the licensee   | Required    |                         | ed  | Location on          | Department Comments        |
| SITE PLANS  | Information |                         |     | Plans                | Department Comments        |
|   | C           | I                       | N/A |                      | <b>Department Use Only</b> |
| Approved site plan  |             |                         |     | N/A                  |                            |
| - or -  |             |                         |     |                      |                            |
| Letter from Engineering allowing for Building permit submission. ( <i>Plans Examiner will require a site plan for code compliance prior to plan approval.</i> )   |             |                         |     |                      |                            |
| ARCHITECTURAL PLANS   |             | Required<br>Information |     | Location on<br>Plans | Department Comments        |
| (Refer to General and Energy Code sections, as applicable)  | С           | I                       | N/A | Example: A-3         | <b>Department Use Only</b> |
| Town of Islip Geographical Table  |             |                         |     |                      |                            |
| Compliance Method as per 2020 <b>EBC</b> NYS 301, including an analysis showing how you meet compliance for the chosen method.  |             |                         |     |                      |                            |
| If you choose to comply with 2020 <b>BCNYS</b> for an existing building (interior alterations, change of occupancy, etc.), you must chose the Prescriptive Method (see <b>EBCNYS</b> Chapter 5.)  |             |                         |     |                      |                            |
| Egress plan: travel distance, number of exits, door sizes, corridor and stair width   |             |                         |     |                      |                            |
| Demolition plan (if applicable)   |             |                         |     |                      |                            |
| Existing floor plan   |             |                         |     |                      |                            |
| Manufacturer specifications packages as required by Code.   |             |                         |     |                      |                            |
| 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.   |             |                         |     |                      |                            |

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| Construction Documents, signed and sealed by a NYS Registered Design Professional. Plans must be formatted to 24 x 36 unless otherwise approved by the Building Plans Examiner in writing. (Hardcopies not required with initial submission.)  |   |                         |     |                      |                            |
|--|---|-------------------------|-----|----------------------|----------------------------|
| Compliance with 2020 EBCNYS Chapter 15 for Construction Safeguards, as applicable.   |   |                         |     |                      |                            |
| STRUCTURAL PLANS (Refer to General and Energy Code sections, as applicable)  |   | Required<br>Information |     | Location on<br>Plans | Department Comments        |
|  |   | I                       | N/A | Example: S-3         | <b>Department Use Only</b> |
| Structural work to include design parameters such as live loads, dead loads, wind, snow, ponding, seismic etc. as per 2020 BCNYS 1603.   |   |                         |     |                      |                            |
| Special inspection approved agency information (2020 BCNYS 1703).  |   |                         |     |                      |                            |
| Statement of special inspections as per 2020 BCNYS 1704.3 and 2020 BCNYS 1705 for steel, concrete, masonry, prefabricated items (wood, steel), soils, helical plies, bolting, welding etc.   |   |                         |     |                      |                            |
| Drawings must be 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). Plans must be formatted to 24 x 36 unless otherwise approved by the Building Plans Examiner in writing. |   |                         |     |                      |                            |
| All connections for Wood, Steel and Cold Formed Steel including fastening such as bolting, welding and screws are to be detailed and called out.   |   |                         |     |                      |                            |
| Town of Islip <u>Structural Design Affidavit</u> is required for any substantial work (as per the definition of <i>Substantial Structural Alteration</i> in Section 202 of the EBCNYS). Provide computation for determination.   |   |                         |     |                      |                            |
| MECHANICAL/ELECTRICAL/PLUMBING PLANS   |   | Required<br>Information |     | Location on<br>Plans | Department Comments        |
| (Refer to General and Energy Code sections, as applicable)   | C | I                       | N/A | Example: M-3         | <b>Department Use Only</b> |
| All applicable 2020 NYS Mechanical Code and 2020 NYS Plumbing Code sections to be referenced on plans for all <u>new work</u> .  |   |                         |     |                      |                            |
| MECHANICAL:  |   |                         |     |                      |                            |
| Provide complete ductwork layout, sizes, materials, connections, exhaust systems, system details, unit schedules, schematics, specifications, etc. for all <a href="mailto:new work.">new work.</a>  |   |                         |     |                      |                            |
| Outdoor air ventilation calculations (fresh air intake) for reconfiguration of spaces, change of use/occupancy, and additions.   |   |                         |     |                      |                            |
| Provide accurate count of HVAC units (RTU's, split systems, ERVs, MUA, kitchen hoods, boilers, AHU, clothes dryers, etc.) and type of power source (gas, electric, oil).   |   |                         |     |                      |                            |

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| MECHANICAL/ELECTRICAL/PLUMBING PLANS (continued)  |   | lequiro<br>format       |     | Location on Plans | Department Comments        |
|---|---|-------------------------|-----|-------------------|----------------------------|
| (Refer to General and Energy Code sections, as applicable)  | С | I                       | N/A | Example: A-3      | <b>Department Use Only</b> |
| ELECTRICAL:  Full electrical and lighting plans for all new work including circuit panel sizing & location, smoke & carbon monoxide specs, 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.                             |   |                         |     |                   |                            |
| PLUMBING:  Provide plumbing risers, gas supply risers, sanitary drainage, venting risers with sizes, pitches and quantifying values, applicable reference standard sections and tables used for design, as applicable for all <a href="mailto:newwork">newwork</a> .  |   |                         |     |                   |                            |
| Provide new and modified/replaced 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:  Provide accurate count of other equipment (i.e. water heaters, generators, cooking appliances, gas piping, medical gas, etc.) and type of power source.   |   |                         |     |                   |                            |
| ENERGY CODE   |   | Required<br>Information |     | Location on Plans | Department Comments        |
| NYSECCC for Existing Buildings gives two options – clearly indicate the code being used and how the Code is met on the plans:  NYSECC CHAPTER 5 for Additions, Alterations, Repairs, Change of Use –Occupancy and NYSECC Chapter 4 as applicable.  – or –  ASHRAE 90.1-2016   | С | 1                       | N/A | Example: A-3      | Department Use Only        |
| Reflect all applicable mandatory sections on the plans, even if ComCheck is provided.   |   |                         |     |                   |                            |
| Show thermal envelope details (insulation type for walls, foundation, slab, roof / air leakage, fenestration U-Factors, SHGC, air leakage of fenestration) as required by compliance path chosen.   |   |                         |     |                   |                            |
| Building and Mechanical Systems:  • 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 compliance path chosen. |   |                         |     |                   |                            |

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| ENERGY CODE (continued)  |                         | equiro<br>ormat |          | Location on<br>Plans | Department Comments           |
|--|-------------------------|-----------------|----------|----------------------|-------------------------------|
|  |                         | I               | N/A      | Example: A-3         | <b>Department Use Only</b>    |
| Service water heating - Efficiency of all equipment, heat traps, piping insulation, water temperature maintenance and pipe length/volume of heated water as required by compliance path chosen.                                |                         |                 |          |                      |                               |
| Written Commissioning Statement as required by the NYSECC 408 or ASHRAE 90.1.  |                         |                 |          |                      |                               |
| 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. |                         |                 |          |                      |                               |
| OTHER CODES  |                         | equiro<br>ormat |          | Location on<br>Plans | Department Comments           |
|  | С                       | I               | N/A      | Example: A-3         | <b>Department Use Only</b>    |
| Compliance to BC, FC, FGC and PMC for <b>All</b> other work.  Elevators Racks Hazardous materials  Kitchen hoods Trusses Other   |                         |                 |          |                      |                               |
| OTHER AGENCIES   | Required<br>Information |                 |          | Location on<br>Plans | Department Comments           |
| (as applicable)  | С                       | I               | N/A      | Example: A-3         | <b>Department Use Only</b>    |
| Suffolk County Department of Health, Southwest Sewer District, Dept of Agriculture, Dept of Environmental Control, Office of Children and Family Services, NYS Office of Mental Health, etc.                                   | •                       |                 |          |                      |                               |
| I attest that the construction documents submitted with this review as indicated above, and acknowledge that acceptance  |                         |                 |          |                      |                               |
| Architect/Engineer of Record:  |                         | 77.             |          |                      | Date:                         |
| Name   |                         | Firm            |          |                      |                               |
| Signature:FOR INTE   |                         | USE             | ONLY     | -<br><b>7</b>        |                               |
| ADDITIONAL COMMENTS:   |                         |                 |          |                      |                               |
|  |                         |                 |          |                      |                               |
| This submittal DOES NOT meet the minimum requirements for su deficiencies noted on this checklist.   | ıbmissio                | on; Ple         | ase resi | ubmit your docume    | entation after addressing the |
| PE Initials:Date: Com  | nents:                  |                 |          |                      |                               |
| ZI Initials:Date: Com  | ments:                  |                 |          |                      |                               |
| This submittal meets the minimum requirements for submis   | sion.                   |                 |          |                      |                               |

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PE Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_

ZI Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_