



**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  
NEW 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/>.

<b>KEY:</b>
“C” = Complete
“I” = Incomplete
“N/A” = Not Applicable

<b>PERMIT APPLICATION</b>	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"/>		
<input type="checkbox"/> Architectural Review Approval – or – <input type="checkbox"/> Letter from Planning	<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"/>		
<b>SITE PLANS</b>	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. The Plans Examiner will require a site plan for code compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>ARCHITECTURAL PLANS</b>	Required Information			Location On Plans	Internal Use Only
	C	I	N/A	Example: A-3	
<p><b>Town of Islip Plans Examiner Note on the title page of each trade set of plans:</b> 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:</p> <ul style="list-style-type: none"> <li>▪ Accurate</li> <li>▪ Conforms with governing codes applicable at the time of submission</li> <li>▪ Conforms with reasonable standards of practice and with view to the safeguarding of life, health, property and public welfare</li> </ul> <p>Is the responsibility of the licensee</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All appropriate NYS Codes and Reference Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Roof Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Attachments # 1 & # 2 of the 2020 NYS Building Code Evaluation Summary (Located on the Town of Islip website)	<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"/>		

Window & door schedules with manufacturer, model, sizes, egress, projection factor & calculations, U Value, SHGC, VT, design pressure, air leakage, and guard information type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Siding & roofing compliance specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Town of Islip Building Code Evaluation Survey on plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Town of Islip Geographical Table (located on our website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All glazing information including type, labeling, & design loads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Construction Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Compliance with NYSBC Chapter 33 for Construction Safeguards as applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>STRUCTURAL PLANS</b>	Required Information			Location On Plans	<b>Internal Use Only</b>
	C	I	N/A	Example: <i>A-3</i>	
Method used for structural design (material specific) Example: LRFD	<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"/>		
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Building components for lateral (shear walls or braced walls) and uplift resistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Town of Islip Structural Affidavit. Provide signed/sealed structural calculations for buildings 2 stories and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All connections for 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"/>		
<b>MECHANICAL / ELECTRICAL / PLUMBING PLANS</b>	Required Information			Location On Plans	<b>Internal Use Only</b>
	C	I	N/A	Example: <i>A-3</i>	
Town of Islip Geographical Tables (located on our website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All new buildings and additions (No deferred submittals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Energy Code mandatory sections addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>MECHANICAL.</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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 control narrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
R Occupancies for whole house ventilation systems & outside air (no windows)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Occupant, combustion and dilution outside air calculations	<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"/>		

<b>ELECTRICAL.</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PLUMBING.</b> 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	<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"/>		
<b>OTHER EQUIPMENT.</b> 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"/>		
<b>ENERGY CODE</b>	Required Information			Location On Plans	<b>Internal Use Only</b>
	C	I	N/A	Example: <i>A-3</i>	
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thermal barrier clearly identified, along with insulation types, thickness, and R (or U) Values noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Written Commissioning Statement as sited in both the 2020 NYSECCC and ASHRAE 90.1 Reference Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Provide all Energy Code Compliance information & specifications for heating and cooling systems and hot water service system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clearly state which code is being used: <b>2020 NYSECCC</b> <input type="checkbox"/> <b>- or -</b> <b>ASHRAE 90.1</b> <input type="checkbox"/> Include scope, methods used and path used for compliance. All mandatory items addressed on plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If using 2020NYSECCC/ASHRAE Comcheck, provide project information with building orientation. Each wall shall be individually analyzed and orientation noted. All glazing areas shall be shown including skylights and clear stories called out. Glazing and door shall have U Values, visible transmittance VT and SHGC called out. Do not call out projection factor unless plans clearly show projection factor details and calculations. Daylighting compliance & areas are to be shown on plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Air barrier compliance including methods (materials or testing). <b>If materials:</b> provide details including clearly defining location in the building, thermal barriers, allowed material types & how applied, and sealing of penetrations. <b>If testing:</b> specific testing to be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Energy Certificate & Energy Certificate Application Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NYS Registered Design Professional Energy Code Compliance Statement	<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: \_\_\_\_\_  
Name Firm

Date: \_\_\_\_\_

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: \_\_\_\_\_