



COMMERCIAL CODE DATA WORKSHEET

IN ORDER TO PROCESS YOUR APPLICATION THIS WORKSHEET MUST BE FULLY COMPLETED. SITE WORK, DEMO, SEWER, FIRE SPRINKLERS, AND/OR BUILDING SIGNS MUST BE FILED SEPARATELY. ADDITIONAL APPROVALS FROM THE APPROPRIATE AUTHORITIES HAVING JURISDICTION ARE REQUIRED AS APPLICABLE.

2025 New York State Uniform Codes: https://codes.iccsafe.org/codes/united-states/new-york
Accessible and Usable Buildings and Facilities ICC A117.1 - 2017 https://codes.iccsafe.org/content/icca117-12017P4
Town of Oyster Bay Code: https://ecode360.com/oy1221
FEMA Map Service Center: https://msc.fema.gov/portal/
Wind & Snow (ASCE-7) ATC Hazards by Location: https://hazards.atcouncil.org/

Office Use Only APPLICATION NO.:

CUBBY # []

DATE:

SECTION A. MANDATORY PROPERTY RECORDS REVIEW. PROPERTY OWNER, OWNER REPRESENTATIVE/APPLICANT, OR NYS LICENSED PROFESSIONAL OF RECORD, IS RESPONSIBLE TO RESEARCH THE TOWN OF OYSTER BAY PROPERTY RECORDS FOR ANY PERMITS AND CERTIFICATES (CO, CA, OR CC) THAT WERE ISSUED FOR THE EXISTING CONDITIONS, PRIOR TO THE NYS LICENSED PROFESSIONAL COMPLETING SECTION B. OTHERWISE, YOUR BUILDING PERMIT AND/OR CERTIFICATE OF OCCUPANCY MAY BE DELAYED UNTIL ALL EXISTING ITEMS THAT REQUIRE TOB PERMITS ARE FILED "TO BE MAINTAINED" UNDER THE PROPER PERMITS.

A 1 PROPERTY ADDRESS: SUITE/ UNIT #:
ZONE: SECTION: BLOCK: LOT(S):
A 2 EXISTING CONDITIONS (INCLUDES STRUCTURE, INTERIOR SPACES, PLUMBING, HVAC, AND/OR ELECTRIC):
PRIOR TENANCY NAME: () CHECK HERE IF PRIOR TENANCY IS A VACANT "WHITE BOX"
() APPROVED UNDER PRIOR PERMIT(S). MUST SUBMIT COPIES OF: () TOB APPROVED PERMIT(S) () TOB STAMPED APPROVED LIFE SAFETY PLAN(S)
() PRIOR TOB CERTIFICATE(S). MUST SUBMIT COPIES OF: () CO () CC () CA () NONE WERE ISSUED
() NOT APPROVED UNDER PRIOR PERMIT(S). EXISTING CONDITIONS SHALL BE DEEMED "TO BE MAINTAINED". YEAR OF CONSTRUCTION: []
A 3 "I, the undersigned, have reviewed the Town of Oyster Bay subject property files prior to the Professional of Record completing Section B."
PRINT NAME: EMAIL ADDRESS:
PREFERRED PHONE NO.: MAILING ADDRESS:
() PROPERTY OWNER, TENANT, APPLICANT, OR NOTARIZED REPRESENTATIVE (FILE REVIEW AVAILABLE IN PERSON) SIGNATURE:
() OTHER (F.O.I.L. REQUEST AVAILABLE BY EMAIL AT FOIL@OYSTERBAY-NY.GOV OR BY PHONE AT 516-624-6339) DATE:

SECTION B. CODE ANALYSIS. ALL FIELDS ARE REQUIRED TO BE COMPLETED AND SIGNED AND SEALED BY A NYS LICENSED PROFESSIONAL.

Section B1. Subject Building. All Fields Are Required.
1.1 () New Building (BCNYS) / () Existing Building (EBCNYS) / () Relocated Building (EBCNYS Chap. 14) () Modular/Pre-Manufactured Building (Sec. 102.7)
1.2 Construction Type (Chap. 6): () I-A/() I-B () II-A/() II-B () III-A/() III-B () IV-A/() IV-B () IV-C/() IV-HT () V-A/() V-B
1.3 () Mixed use (Sec. 508) () Fire Separated/() Non-Fire Separated (Sec. 508.4, 518.5)
1.4 Fire Sprinklers (Sec. 903): () Required/() Not Required () Existing/() Proposed/() Modified
1.5 Fire Alarm (Sec. 907 for New Bldgs., 1103.7 for Existing Bldgs.): () Required/() Not Required () Existing/() Proposed/() Modified () Central Station Monitoring
1.6 Height Above Grade Plane in FT (T504.3) Allowable: Actual: No. of Stories Above Grade Plane (T504.4) Allowable: Actual:
1.7 Area Factor in SF (T506.2) Allowable: Actual: Frontage Increase (506.3) () Show calculations on plans

Section B2. Building Permit Scope. Check All That Applies.
2.1 () White Box / () Tenancy - Tenancy Name:
2.2 Classification of Work (EBCNYS Chap. 6):
() Building Addition
() Repairs *
() Reroofing *
() Exterior Alterations/ Facades *
() Interior Alterations Level 1
() Interior Alterations Level 2
() Interior Alterations Level 3
() Change of Occupancy
() Historic Building
() Relocated Building *
* Cost Estimate Required: \$
() No Work- Change of Tenancy Only: Existing Conditions Must Match Prior Permit/CO (see "A 2" above for required documentation)
2.3 Area of Work in SF () Proposed Work: () Work To Be Maintained:
2.4 Occupancy Classification (BCNYS Chap. 3) Occupancy Load (BCNYS Chap. 10):
() A-1/() A-2/() A-3/() A-4/() A-5
() B () E () Daycare () M
() F-1/() F-2
() H-1/() H-2/() H-3/() H-4/() H-5
() I-1 Cond 1/() I-1 Cond 2 () I-2 Cond 1/() I-2 Cond 2 () I-3 () I-4
() R-1/() R-2/() R-3/() R-4
() S-1/() S-2 () U
2.5 Energy Compliance (ECCCNYS) () Relocated Building (Chap 14)
Compliance Method (EBCNYS Chap 3): () Prescriptive (Chap. 5) / () Work Area.(6-12) / () Performance (13)
() Software: Two (2) Signed and Sealed COMcheck® certificates to demonstrate compliance of entire project based on:
() ASHRAE 90.1-2022 / () 2024 IECC provided that the min compliance > 7% in retail buildings or > 4% for all other bldgs.
(See NYS DOS Technical Bulletin on Energy Compliance Software for Commercial Provisions, dated 2/13/2026)

2.6 () Separate TOB Public Assembly License Required. (Sec. 303.1.1-BCNYS: 50 or more occupants). Phone: 516-624-6282.
() Separate TOB Multiple Residence Operating Permit Required (3 or more sleeping units.) Phone: 516-624-6496.
() Separate TOB Underground Garage Operating Permit Required. Phone: 516-624-6271.
() Separate TOB Site Work Permit Required. Phone: 516-624-6246.
() Separate TOB Demo Permit Required. Phone: 516-624-6246.
() Separate TOB Fire Sprinkler Permit Required. Phone: 516-624-6133.
2.7 Description of Work: Must convey scope of work identified on plans

Section B3. NYS Licensed Professional Information.

3.1 PRINT NAME: PHONE NO.:
EMAIL ADDRESS:
COMPANY NAME:
MAILING ADDRESS:
3.3 DATE: