Town of Oyster Bay Department of Planning and Development 74 Audrey Avenue, Town Hall North, Oyster Bay, NY 11771 Tel (516) 624-6200 Fax (516) 624-6240 **www.oysterbaytown.com**

2025 COMMERCIAL CODE DATA WORKSHEET

To process your application this worksheet must be fully completed.
Site Work, demo, Sewer, Fire Sprinklers, Solar, and/or Building Signs, must be filed separately.
Approvals from the appropriate authorities having jurisdiction are required as applicable.

Office Use Only

RECORD #

CUBBY #

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.

PROPERTY ADDRESS:						**SUITE/ UNIT #:**	
ZONE:		**SECTION:**		**BLOCK:**		**LOT(S):**	

EXISTING CONDITIONS. *MUST CHOOSE STATUS OF EXISTING CONDITIONS AND SUBMIT COPIES OF ANY CORRESPONDING DOCUMENTS AS REQUESTED BELOW:*

PRIOR TENANCY NAME: ☐ COPY OF APPROVED LIFE SAFETY PLAN(S)

PRIOR TENANCY PERMIT #: ☐ CERTIFICATE OF OCCUPANCY WAS ISSUED / ☐ WAS NOT ISSUED

☐ CHECK HERE IF CURRENT SPACE IS VACANT

☐ CHECK HERE IF CURRENT LAYOUT WAS APPROVED UNDER PRIOR PERMIT(S) OTHERWISE EXISTING CONDITIONS SHALL BE REQUIRED TO BE MAINTAINED

YEAR OF EXISTING CONSTRUCTION TO BE MAINTAINED IS REQUIRED:

"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 AND BUILDING PERMIT SCOPE. ALL FIELDS ARE REQUIRED TO BE COMPLETED AND SIGNED AND SEALED BY A NYS LICENSED PROFESSIONAL.

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

B1. Subject Building. All Fields Are Required.

1.1 ☐ New Building. *Must fill out B2.6.** ☐ Modular/Pre-Manufactured Building. *Must fill out B2.6.** ☐ Existing Building (EBCNYS)

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)* Complete item 2.3 below in detail. ☐ Fire Separated ☐ Non-Fire Separated

1.4 Fire Sprinkler System *(Sec. 903):* ☐ Throughout Building ☐ Required / ☐ Not Required ☐ Proposed ☐ Existing ☐ Modified

1.5 Fire Alarm *(Sec. 907, 1103):* ☐ Throughout Building ☐ Required / ☐ Not Required ☐ Proposed ☐ Existing ☐ Modified ☐ Central Station Monitoring

1.6	Allowable Height Above Grade Plane in FT *(T504.3):*		Actual:		Allowable No. of Stories Above Grade Plane *(T504.4):*		Actual:
1.7	Allowable Area Factor in Square Feet *(T506.2):*		Actual:		☐ Frontage Increase *(506.3). Calculations must be shown on a Plot Plan.*		

B2. Building Permit Scope. Check All That Applies.

2.1 ☐ New Tenancy ☐ Existing Tenancy ☐ Vacant White Box

2.2 Tenancy Name: SF Area of Tenancy or White Box Space:

2.3 Occupancy Classification *(BCNYS Chap. 3):*	SF Area	Occupant Load *(BCNYS Sec. 1004)*
☐ A-1 ☐ A-2 ☐ A-3 ☐ A-4 ☐ A-5		
☐ B ☐ E ☐ Daycare ☐ M		
☐ F-1 ☐ F-2 ☐ S-1 ☐ S-2 ☐ U		
☐ 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		

2.4 Total SF Area of Proposed Work: SF Area of Work to be Maintained:

2.5 Classification of Work *(EBCNYS Chap. 6, BCNYS)*	SF Area	***2.6** Cost of Construction. *Must attach a separate signed & sealed detailed cost estimate.*
☐ Change of Tenancy Only, No Work.		N/A
☐ New Building. *Must fill out B2.6.**		
☐ Building Addition. *Must fill out B2.6.**		
☐ Repairs. *Must fill out B2.6.**		
☐ Reroofing. *Must fill out B2.6.**		
☐ Exterior Alterations/ Facades. *Must fill out B2.6.**		
Interior Alterations: Level ☐ 1 ☐ 2 ☐ 3		N/A
☐ Change of Occupancy		
☐ Historic Building		
☐ Relocated Building. *Must fill out B2.6.**		

2.7 Compliance Method *(EBCNYS)*: ☐ Prescriptive *(Chap. 5)* ☐ Work Area *(Chap. 6-12)* ☐ Performance *(Chap. 13)*

2.8 Energy Compliance *(ECCCNYS). All certificates must be signed and sealed.*

SOFTWARE: 2025 ECCCNYS/ ASHRAE 90.1-2022 COMcheck© for new and/or modified systems:

☐ Two (2) Thermal Envelope Certificates ☐ Two (2) Interior Lighting Certificates

☐ Two (2) Exterior Lighting Certificates ☐ Two (2) Mechanical Certificates

WALK-IN-BOX/ REFRIGERATION: ☐ Two (2) TOB REFRIGERATION EQUIPMENT PERFORMANCE CERTIFICATION

2.7 Description of Work. *Must convey scope of work identified on plans.*

B3. NYS Licensed Professional Information.

PRINT NAME: PHONE NO.:

EMAIL ADDRESS:

COMPANY NAME:

MAILING ADDRESS:

Professional of Record Checklist

Construction Documents
___ Mandatory Property Records for Existing Conditions
___ (2) Sets of Construction Plans
___ (1) Additional Life Safety Set for Public Assembly Review
___ (1) Additional Life Safety Set for Multi-Residence Review
___ Plot Site Plan Affidavit if survey > 6 months
___ (2) Recent Surveys by Licensed Surveyor if < 6 months
___ Statement of Special Inspections (Chapter 17 BCNYS)

New Building/ Building Addition
___ Preliminary Affidavit of Certification if > 10,000 SF
___ NCFM-Approved Site Permit
___ Engineer-approved Geotechnical/ Soil Boring Report
___ (2) Truss Design Drawings

Energy Compliance
___ (2) COMchecks Each Category or Other Method
___ (2) Reschecks + (2) UA Compliance Certificates

HC Accessibility (ICC/ A117.1-2017)
___ ICC Standards Details Sheet(s)
___ HC Parking, Access Aisle, and Building Entrance
___ HC Route, Fixture and Maneuvering Clearances

Temporary Tents
___ NCFM Permit
___ Dates (Max 180 Days)
___ Certificate of Flame Resistance

Other Applicable Codes/ AHJ (authority having jurisdiction)
___ NCFM Ordinance: Commercial Kitchens
___ NCFM: Hood/ Duct/Fire Suppression Systems
___ NCFM: Fire Alarm Systems
___ NCFM: Gas Station CCTV, Fire Suppression Systems
___ NCDOH: Food Preparation
___ NCDOH: Underground Storage Tanks, and Gas Pumps
___ NCDOH: Tattoo Parlors
___ Curb Cut (State, County, town)
___ DPW: Grease Trap (TOB or NC)
___ DPW: Sewer Permit (TOB or NC)
___ NYS Dept. of Agriculture & Markets

NYS Licensed Professional Seal & Signature

DATE: