



DEPARTMENT OF BUILDINGS COMMERCIAL CODE DATA WORKSHEET

INCORPORATED VILLAGE OF GARDEN CITY
351 STEWART AVENUE, GARDEN CITY, NEW YORK 11530
(516) 463-4040 (P) • (516) 742-5377 (F)

| OFFICE USE ONLY | |
|-----------------|--|
| APPLICATION # | |
| Permit # | |

IN ORDER TO PROCESS YOUR APPLICATION THIS WORKSHEET MUST BE FULLY COMPLETED.

| 1. TYPE OF FILING – CHECK ALL THAT APPLY IN THIS SECTION. | | | |
|--|--|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> ALTERATION TYPE 1 | <input type="checkbox"/> ALTERATION TYPE 2 | <input type="checkbox"/> ALTERATION TYPE 3 |
| <input type="checkbox"/> Change of Occupancy | <input type="checkbox"/> Historic Building | <input type="checkbox"/> Relocated Structures | <input type="checkbox"/> REPAIRS |
| | | <input type="checkbox"/> ADDITIONS | <input type="checkbox"/> Other: |
| 2. PROPERTY INFORMATION – ALL INFORMATION TO BE PROVIDED | | | |
| Address: | | Garden City | N.Y |
| | | 11530 | |
| Map: | Block: | Lot(s): | Zoned: |
| 3. DESCRIPTION OF WORK – SCOPE OF WORK THAT WILL BE PERFORM AND IT'S SPECIFIC TO ITS LOCATION OR ROOM. | | | |
| Description of work: | | | |
| | | | |
| | | | |
| 4. APPLICANT INFORMATION | | | |
| Applicant Name: | | Company Name: | |
| Company Address: | | City: | State: Zip: |
| Last Name: | | First Name | M.I |
| Office Phone: () | Cell: () | Email: | |

LEGEND: ** CODE DATA **

| | | |
|-------------------|-----------------|--------------------------|
| NA NOT APPLICABLE | NR NOT REQUIRED | NS NOT SHOWN ON DRAWINGS |
| NC NON-CONFORMING | R REQUIRED | C CONFORMS |

| 5. CODE TABLE – APPLICANT MUST CALCULATE IN SPACE PROVIDED ON LINES (3.4, 3.3, 5.1 & 5.2) | | | |
|---|--|------------------------|----------------------------|
| No. | TOPIC | CODE SECTION | REQUIRED / ALLOWED BY CODE |
| 1.0 | OCCUPANCY CLASSIFICATION PROPOSED/EXISTING | 302 | |
| 1.1 | MIXED OCCUPANCIES – NON- SEPARATED OR SEPARATED USES | 508.3 508.3.3 | |
| 2.0 | TYPE OF CONSTRUCTION (INCLUDE SUBTYPE) | 602 | |
| 2.1 | FIRE RESISTANCE RATING REQUIREMENTS FOR BUILDING ELEMENTS (HOURS) | TABLE 601 | |
| 2.2 | FIRE RESISTANCE RATING REQUIREMENTS FOR EXTERNAL WALLS | TABLE 602 | |
| 3.0 | ALLOWABLE HEIGHT AND BUILDING AREAS | CHAPTER 5 | |
| 3.1 | HEIGHT (FT.) | TABLE 503 | |
| 3.2 | NUMBERS OF STORIES | TABLE 504, 3, 4 | |
| 3.3 | FLOOR AREA (SQ. FT. PER FLOOR) | TABLE 506 | |
| 3.5 | FLOOR AREA MODIFICATIONS * BUILDING AREA | 506 | |
| 3.6 | OTHER | | |
| 4.0 | FIRE PROTECTION SYSTEMS | CHAPTER 9 | |
| 4.1 | AUTOMATIC SPRINKLER SYSTEM | 903 [B] [F] | |
| 4.2 | PORTABLE FIRE EXTINGUISHERS (MUST SHOW LOCATION ON DRAWINGS) | 906 [B] [F] | |
| 4.3 | FIRE ALARM AND DETECTION SYSTEM | 907 [B] [F] | |
| 4.4 | OTHER; BUILDING FINISHES (FLOOR SPREAD) CHAPTER 8 | | |
| 5.0 | MEANS OF EGRESS | CHAPTER 10 | |
| 5.1 | OCCUPANT LOAD* | TABLE 1004.1.2 | |
| 5.2 | EGRESS WIDTH* | 1005.1 | |
| 5.3 | EXIT SIGN(S) | 1013 | |
| 5.4 | EGRESS ILLUMINATION (EMERGENCY LIGHTS) | 1008 | |
| 5.5 | STAIRWAYS AND HANDRAILS/GUARDS | 1011/1014/1015 | |
| 5.6 | EXIT ACCESS (SPACE WITH ONE MEANS OF EGRESS) | 1016 THROUGH 1021 | |
| 5.7 | EXIT ACCESS TRAVEL DISTANCE | 1017 TABLE 1017.2 | |
| 5.8 | CORRIDOR WIDTH | 1020.2 | |
| 5.9 | CORRIDOR FIRE RESISTANCE RATING | TABLE 1020.1 | |
| 5.10 | DEAD ENDS | 1020.4 | |
| 5.11 | CORRIDOR CONTINUITY | 1020.6 | |
| 5.12 | EXISTING/MINIMUM NUMBER OF EXITS | 1006 TABLE 1006.2.1 | |
| 5.13 | BUILDING WITH ONE EXIT | 1006 TABLE 1006.21 | |
| 5.14 | ENCLOSURES | 1023.11.2 1023 | |
| 5.15 | OTHER | | |
| 6.0 | ASSEMBLY | SECTION 1029 | |
| 6.1 | MAIN EXIT | 1029.2 | |
| 6.2 | OTHER EXITS | 1029.3 | |
| 6.3 | INTERIOR BALCONY AND GALLERY MEANS OF EGRESS | 1029.5 | |

THE ORIGINAL APPLICATION FORMAT MUST BE RETAINED AND NOT ALTERED, OTHER FORMS WILL NOT BE ACCEPTED



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|------|--|---|------------------------------------|
| 6.4 | TRAVEL DISTANCE | 1029.7 | |
| 6.5 | COMMON PATH OF TRAVEL | 1029.8 | |
| 6.6 | REQUIRED AISLE | 1029.9 | |
| 6.7 | OTHER | | |
| 7.0 | ACCESSIBILITY (IBC/IRC/ANSI A-117.1 – 2015) <small>[NOTE: ALL NEW BATHROOMS MUST BE ACCESSIBLE]</small> | CHAPTER 11 | |
| 7.1 | OTHER | | |
| 8.0 | ENERGY CONSERVATION CONSTRUCTION CODE – PROVIDE REQUIRED TABLES AND CLIMATE ZONE - <i>OR</i> | ENERGY CONSERVATION CONSTRUCTION CODE [E] | |
| | COM CHECK LIST CALCULATIONS** <small>(ATTACHMENT 8 1/2" x 11" SHEETS SEPARATELY - SIGNED AND SEALED REQUIRED) ** DOWNLOAD SOFTWARE AT WWW.ENERGYCODES.GOV</small> | COMPLETE LIST | |
| 9.0 | REQUIRED LIVE LOADS | TABLE 1607.1 | |
| 9.1 | SNOW LOADS | FIGURE 1608.2 | 30 HISTORIC TRADITIONAL IN VILLAGE |
| 10.0 | PLUMBING (REQUIRED NUMBER OF FIXTURES) | CHAPTER 29 TABLE 2902.1 | |
| 11.0 | HEAT PRODUCING EQUIPMENT <small>[NOTE: A STRUCTURAL DIAGRAM/FRAMING PLAN MUST BE PROVIDED TO BE ACCEPTABLE]</small> | MECHANICAL CODE [M] | |
| 11.1 | NUMBER OF PROPOSED UNITS AND LOCATION | | |
| 11.2 | NUMBER OF EXITING UNITS | | |
| 11.3 | NUMBER OF REPLACEMENT UNITS | | |
| 11.4 | ELECTRICAL OR GAS POWERED <small>(GAS REQUIRES A PLUMBING APPLICATION)</small> | | |
| 12.0 | SITE WORK <small>[REFER TO T.O.B. DEPT. OF P&D INDIVIDUAL BUILDING SITE PLAN RULES AND REGULATIONS DATED 8/1/05]</small> | | |
| 12.1 | LINEAR FEET OF CURBING | | |
| 12.2 | SQUARE YARDS OF ASPHALT PAVING | | |
| 12.3 | CUBIC YARDS OF BASE | | |
| 12.4 | NUMBER OF DRYWELLS/CATCH BASINS | | |
| 13.0 | ALL OTHER APPLICABLE CODE(S) THAT APPLY TO THE SCOPE OF WORK BEING PERFORMED. I.E. : ANY OTHER BUILDING CODES | | |
| | NASSAU COUNTY FIRE MARSHALL | | |
| | NASSAU COUNTY HEALTH DEPT. | | |
| | CURB CUTS (CONTACT APPROPRIATE AGENCY – STATE, COUNTY OR TOWN) | | |
| | X | | |
| | X | | |

| | |
|---|---|
| 7. SIGNATURE OF APPLICANT 48 HR. NOTICE IS REQUIRED F12.40R ALL INSPECTION REQUESTS | |
| <p>THE ABOVE IS A SUMMARY OF THE BASIC CODE, WHICH APPLIES TO MANY COMMERCIAL BUILDING APPLICATIONS. IT IS NOT MEANT TO BE A COMPLETE OR COMPREHENSIVE LIST OF APPLICABLE BUILDING CODE REQUIREMENTS, WHICH MAY APPLY TO ANY PARTICULAR OR GIVEN SITUATION.</p> | <p>NAME: _____ (PRINT)</p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 20px auto;"> <p style="font-size: 24px; margin: 0;">SEAL & SIGNATURE</p> </div> <p style="font-size: 8px; text-align: center;">ORIGINAL INKED SEALED AND SIGNATURE BY A NYS LICENSED DESIGN PROFESSIONAL IS REQUIRED</p> |

REVIEWS / APPROVALS INTERNAL USE ONLY

Examined Date Received: _____

 STATUS: ACCEPTED DISAPPROVED

Comment(s): _____

Plan Examiner(s): _____ Date: _____