



# DEPARTMENT OF BUILDINGS

## COMMERCIAL CODE DATA WORKSHEET

INCORPORATED VILLAGE OF GARDEN CITY  
 351 STEWART AVENUE, GARDEN CITY, NEW YORK 11530  
 (516) 465-4040 (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"/> ADDITIONS
<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Historic Building	<input type="checkbox"/> Relocated Structures	<input type="checkbox"/> REPAIRS	<input type="checkbox"/> Other:

**2. PROPERTY INFORMATION – ALL INFORMATION TO BE PROVIDED**

Address:	<b>Garden City</b>	<b>N.Y</b>	<b>11530</b>
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:

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**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, 3.5, 5.1 & 5.2)**

No.	TOPIC	CODE SECTION	REQUIRED / ALLOWED BY CODE	PROPOSED / MAINTAINED
1.0	OCCUPANCY CLASSIFICATION PROPOSED/EXISTING	302		
1.1	MIXED OCCUPANCIES – NON- SEPARATED OR SEPARATED USES	508.3.2 508.3.3		
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 503		
3.3	FLOOR AREA ( SQ. FT. PER FLOOR)	TABLE 503		
3.4	HEIGHT MODIFICATIONS *	504		
3.5	FLOOR AREA MODIFICATIONS *	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:			
5.0	MEANS OF EGRESS	CHAPTER 10		
5.1	OCCUPANT LOAD*	TABLE 1004.1.1		
5.2	EGRESS WIDTH*	TABLE 1005.1		
5.3	EXIT SIGN(S)	1011		
5.4	EGRESS ILLUMINATION ( EMERGENCY LIGHTS)	1006		
5.5	STAIRWAYS AND HANDRAILS/GUARDS	1009/1012/1013		
5.6	EXIT ACCESS ( SPACE WITH ONE MEANS OF EGRESS )	1014 TABLE 1015.1		
5.7	EXIT ACCESS TRAVEL DISTANCE	TABLE 1016.1		
5.8	CORRIDOR WIDTH	1017.2		
5.9	CORRIDOR FIRE RESISTANCE RATING	TABLE 1017.1		
5.10	DEAD ENDS	1017.3		
5.11	CORRIDOR CONTINUITY	1017.5		
5.12	EXISTING/MINIMUM NUMBER OF EXITS	1019 TABLE 1019.1		
5.13	BUILDING WITH ONE EXIT	1019.2 TABLE 1019.2		
5.14	ENCLOSURES	1020		
5.15	OTHER:			
6.0	ASSEMBLY	SECTION 1025		
6.1	MAIN EXIT	1025.2		
6.2	OTHER EXITS	1025.3		
6.3	INTERIOR BALCONY AND GALLERY MEANS OF EGRESS	1025.5		
6.4	TRAVEL DISTANCE	1025.7		
6.5	COMMON PATH OF TRAVEL	1025.8		
6.6	REQUIRED AISLE	1025.9		
6.7	OTHER:			
7.0	ACCESSIBILITY ( ICC/ANSI A-117.1 – 2003 ) [NOTE: ALL NEW BATHROOMS MUST BE ACCESSIBLE]	CHAPTER 11		
7.1	OTHER:			



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5. CODE TABLE CONT. – APPLICANT MUST CALCULATE IN SPACE PROVIDED ON LINES ( 3.4, 3.5, 5.1 & 5.2 )				
No.	TOPIC	CODE SECTION	REQUIRED / ALLOWED BY CODE	PROPOSED / MAINTAINED
8.0	ENERGY CONSERVATION CONSTRUCTION CODE – PROVIDE REQUIRED TABLES AND CLIMATE ZONE - <i>OR</i>	ENERGY CONSERVATION CONSTRUCTION CODE [E]		
	COM CHECK LIST CALCULATIONS** (ATTACHMENT 8 1/2" x 11" SHEETS SEPARATELY- SIGNED AND SEALED REQUIRED) ** DOWNLOAD SOFTWARE AT WWW.ENERGYCODES.GOV			
9.0	REQUIRED LIVE LOADS	TABLE 1607.1		
9.1	SNOW LOADS	FIGURE 1608.2	20 PSF	
10.0	PLUMBING ( REQUIRED NUMBER OF FIXTURES )	CHAPTER 29 TABLE 2902.1		
11.0	HEAT PRODUCING EQUIPMENT [NOTE: A STRUCTURAL DIAGRAM/FRAMING PLAN MUST BE PROVIDED TO BE ACCEPTABLE]	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 (GAS REQUIRES A PLUMBING APPLICATION)			
12.0	SITE WORK			
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)			
	OTHER:			

**7. SIGNATURE OF APPLICANT** **24-48 HR. NOTICE IS REQUIRED FOR ALL INSPECTION REQUESTS**

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.

**ACTUAL CODE DATA QUANTITIES ARE REQUIRED TO BE PROVIDED WHEN AND WHERE THEY ARE APPLICABLE TO YOUR SUBMISSION.**

**NOTICE TO OWNER, ARCHITECT, ENGINEER AND CONTRACTOR:**  
 THE LICENSED PROFESSIONAL ACKNOWLEDGES BY SUBMISSION AND ACCEPTANCE OF THIS FORM AND PLANS SHALL NOT PREVENT THE BUILDING OFFICIAL FROM THEREAFTER REQUIRING CORRECTIONS OF SAID DOCUMENTS, PLANS OR CONSTRUCTION WHICH MAY BE IN VIOLATION OF ANY APPLICABLE CODE REQUIREMENTS NOR SHALL SAID OFFICIAL BE RESPONSIBLE FOR FAILURE TO CORRECT SUCH ERRORS.

NAME: \_\_\_\_\_  
 (PRINT)

SEAL & SIGNATURE

*ORIGINAL INKED SEALED AND SIGNATURE BY A NYS LICENSED DESIGN PROFESSIONAL IS REQUIRED*

**REVIEWS / APPROVALS** *INTERNAL USE ONLY*

Examined      Date Received: \_\_\_\_\_

STATUS:     ACCEPTED     DISAPPROVED

Comment(s): \_\_\_\_\_

Plan Examiner(s): \_\_\_\_\_ Date: \_\_\_\_\_