



BUILDING DEPARTMENT

COMMERCIAL CODE DATA WORKSHEET

CITY OF GLEN COVE

9 GLEN STREET, GLEN COVE NY 11542

PHONE: (516) 676-4448

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

1. TYPE OF FILING – CHECK ALL THAT APPLY IN THIS SECTION.				
New Construction	ALTERATION TYPE 1	ALTERATION TYPE 2	ALTERATION TYPE 3	ADDITIONS
Change of Occupancy	Historic Building	Interior Renovations	Repairs	Other:
2. PROPERTY INFORMATION – ALL INFORMATION TO BE PROVIDED				
Address:		Glen Cove	N.Y	11542
Section:	Block:	Lot(s):	Zone:	
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		
Office Phone: ( )		Cell: ( )	Email:	

LEGEND:

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	USE AND OCCUPANCY CLASSIFICATION PROPOSED OR EXISTING	302		
1.1	MIXED OCCUPANCIES – NON- SEPARATED OR SEPARATED USES	508		
2.0	TYPE AND SUBTYPE OF CONSTRUCTION	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	GENERAL HEIGHT AND BUILDING AREAS	CHAPTER 5		
3.1	HEIGHT (FT.)	TABLE 504.3		
3.2	NUMBERS OF STORIES	TABLE 504.4		
3.3	FLOOR AREA ( SQ. FT. PER FLOOR)	TABLE 506.2		
3.4	UNLIMITED AREA BUILDINGS	507		
3.5				
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	CARBON MONOXIDE DETECTION SYSTEMS	915 [B] [F]		
5.0	MEANS OF EGRESS	CHAPTER 10		
5.1	OCCUPANT LOAD*	TABLE 1004.1.2		
5.2	EGRESS SIZING	TABLE 1005		
5.3	EXIT SIGN(S)	1013		
5.4	EGRESS ILLUMINATION ( EMERGENCY LIGHTS)	1008		
5.5	STAIRWAYS AND HANDRAILS/GUARDS	1011/1015		
5.6	EXIT ACCESS ( SPACE WITH ONE MEANS OF EGRESS )	1014 TABLE 1006.2.1		
5.7	EXIT ACCESS TRAVEL DISTANCE	TABLE 1017.2		
5.8	CORRIDOR WIDTH	1020		
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		
5.13	MINIMUM NUMBER OF EXITS OR ACCESS TO EXITS PER STORY	1006.3.1		
5.14	ENCLOSURES	1023		
5.15	EMERGENCY ESCAPE AND RESCUE	1030		
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		
6.4	TRAVEL DISTANCE	1029.7		
6.5	COMMON PATH OF TRAVEL	1029.8		
6.6	REQUIRED AISLE	1018		
7.0	ACCESSIBILITY ( ICC/ANSI A-117.1 – 2009) [NOTE: ALL NEW BATHROOMS MUST BE ACCESSIBLE]	CHAPTER 11		



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No.					TOPIC					CODE SECTION					REQUIRED / ALLOWED BY CODE					PROPOSED / MAINTAINED									
8.0					COMM PROVISIONS AS AMENDED IN 2016 NYSECC SUPPL. (PART I) 2013 ASHRAE 90.1, AS AMENDED IN 2016 NYSECC SUPPL. (PART II)					IECC																			
8.1					COMCHECK CERTIFICATES - MUST BE SIGNED AND SEALED (ATTACHMENT 8 ½” x 11” SHEETS SEPARATELY- SIGNED AND SEALED REQUIRED) ** DOWNLOAD SOFTWARE AT WWW.ENERGYCODES.GOV					ENVELOPE INTERIOR LIGHT EXTERIOR LIGHT MECHANICAL																			
9.0					REQUIRED LIVE LOADS					TABLE 1607.1																			
9.1					SNOW LOADS					FIGURE 1608.2					25 PSF														
10.0					PLUMBING ( REQUIRED NUMBER OF FIXTURES )					CHAPTER 29 TABLE 2902.1																			
11.0					HEAT / HVAC PRODUCING EQUIPMENT [NOTE: A STRUCTURAL DIAGRAM/FRAMING PLAN MUST BE PROVIDED TO BE ACCEPTABLE]					IMC																			
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)																								
					BACKFLOW PREVENTION SYSTEM - CONTACT APPROPRIATE AGENCY																								
7. SIGNATURE OF APPLICANT																				24-48 HR. NOTICE IS REQUIRED FOR 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><b>ACTUAL CODE DATA QUANTITIES ARE REQUIRED TO BE PROVIDED WHEN AND WHERE THEY ARE APPLICABLE TO YOUR SUBMISSION.</b></p> <p><b>NOTICE TO OWNER, ARCHITECT, ENGINEER AND CONTRACTOR:</b> 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.</p>															NAME:_____					(PRINT )									
															<div><div>SEAL &amp; SIGNATURE</div><div>ORIGINAL INKED SEALED AND SIGNATURE BY A NYS LICENSED DESIGN PROFESSIONAL IS REQUIRED</div></div>														
REVIEWS / APPROVALS																				INTERNAL USE ONLY									

Date Received:

STATUS:

ACCEPTED

DISAPPROVED

Comment(s):

Plan Examiner(s):

Date: