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NO.	TOPIC	CODE SECTION	REQUIRED/ ALLOWED/ BY CODE	ACTUAL PROPOSED/ MAINTAINED
6.0	ASSEMBLY	SECTION 1029		
6.1	MAIN EXIT/OTHER EXITS	1029.2/1029.3		
6.2	PANIC AND FIRE EXIT HARDWARE (IF REQUIRED MUST PROVIDE A DOOR SCHEDULE)	1010.1.10		
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 AISLES	1018		
7.0	ACCESSIBILITY	CHAPTER 11		
7.1	REFERENCE STANDARD	ICC/ANSI-A-117.1-2009		
8.0	ENERGY CONSERVATION CONSTRUCTION CODE OF NEW YORK STATE ANSI/ASHRAE/IES STANDARD ASHRAE90.1-2016 (I-P EDITION)	ECCCNYS		
8.1	OR COMCHECK CERTIFICATES *MUST BE SIGNED AND SEALED <i>DOWNLAD FREE SOFTWARE AT WWW.ENERGYCODE.GOV</i>	ENVELOPE INTERIOR LIGHT EXTERIOR LIGHT MECHANICAL		
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/HVAC PRODUCING EQUIPMENT <i>MUST SUBMIT STRUCTURAL DIAGRAM / FRAMING PLAN</i>	2020 MECH OF NEW YORK STATE		
11.1	NUMBER OF UNITS AND LOCATION – GAS POWERED			
11.2	NUMBER OF UNITS AND LOCATION – ELECTRIC POWERED			
12.0	SITE WORK <i>*REFER TO TOB DEPT. OF P & D INDIVIDUAL BUILDING SITE PLAN RULES AND REGULATIONS DATE 02/03/2010</i>			
12.1	LINEAR FEET OF CURBING			
12.2	SQUARE FEET OF CONCRETE/PAVER SIDEWALKS/CURB/RAMPS			
12.3	SQUARE YARDS OF ASPHALT PAVING			
12.4	CUBIC YARDS OF BASE			
12.5	NUMBER OF DRYWELLS/CATCH BASINS			
12.6	LINEAR FEET OF FENCE			
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 MARSHAL			
	NASSAU COUNTY HEALTH DEPARTMENT			
	CURB CUTS <i>(CONTACT APPROPRIATE AGENCY – STATE, COUNTY OR TOWN)</i>			
	BACKFLOW PREVENTION SYSTEM <i>(CONTACT APPROPRIATE AGENCY)</i>			

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>OFFICE USE ONLY PLAN EXAMINER COMMENTS</p>
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<p>ORIGINAL INKED SEAL AND SIGNATURE OF A LICENSED PROFESSIONAL ENGINEER OR REGISTERED ARCHITECT REQUIRED</p>

PLAN EXAMINER: _____

DATE APPROVED: _____

DATE DENIED: _____