Delaware General Health District
Delaware, Ohio 43015-057
(740) 368-1720 Fax (740) 368-1736

Plumbing Permit
Medical Gas

Permit #___________-______
Receipt # ____________

Job site located at:
Street ___________________________ City _______ Zip _______ Township ________

Subdivision: ___________________________ Lot # ___________________________ New _____ Remodel _____

Plumbing Contractor
Contractor: ___________________________
Street: _________________________________
City/State/Zip: _________________________
Phone# _________________________________

Property Owner information
Name: _________________________________
Street: _________________________________
City/State/Zip: _________________________
Phone# _________________________________

Underground Inspection
Approved __/__/__________
Disapproved __/__/__________

Top Out Inspection
Approved __/__/__________
Disapproved __/__/__________

Final Inspection
Approved __/__/__________
Disapproved __/__/__________

I hereby certify that all work will be done in accordance with the State and Local regulation.

<table>
<thead>
<tr>
<th>Type of System</th>
<th>Number of systems</th>
<th>Number of outlets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbon Dioxide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helium</td>
<td></td>
<td></td>
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<tr>
<td>Instrument Air</td>
<td></td>
<td></td>
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<tr>
<td>Medical Air</td>
<td></td>
<td></td>
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<tr>
<td>Medical / Surgical Vacuum</td>
<td></td>
<td></td>
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<tr>
<td>Nitrogen</td>
<td></td>
<td></td>
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<tr>
<td>Nitrous Oxide</td>
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<td></td>
</tr>
<tr>
<td>Oxygen</td>
<td></td>
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</tr>
<tr>
<td>WAGD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Total</td>
<td></td>
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</tbody>
</table>

Total of systems X $75.00

Total Outlets X $21.00

Application Fee
1-2 Fixtures/Outlets $50.00
3-5 Fixtures/Outlets $100.00
6+ Fixtures/Outlets $250.00

Commercial Plans Review
1-10 Fixtures/Outlets + $100.00
11-30 Fixtures/Outlets + $200.00
31+ Fixtures/Outlets + $250.00

Grand Total

Applicant’s Signature __________________ Date _____________
Issued By __________________ Date _____________

PERMIT MUST BE POSTED ON SITE
SEE REVERSE SIDE FOR FURTHER INSTRUCTION

Revised 01/01/2020
NO PART OF ANY MEDICAL GAS SYSTEM SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED, TESTED AND APPROVED.

Call for Final Inspection when job is complete and BEFORE SYSTEM USE.

PARTIAL INSPECTIONS: There will be a $60.00 partial inspection fee for each partial inspection scheduled. A partial inspection is any underground, rough, or final inspection that involves a portion or portions of the complete requested inspection of the medical gas system.

REINSPECTION FEE: A $75.00 re-inspection fee for failure to have work ready for inspection when so reported, or by reason of faulty or improper installation.

ALL FEES MUST BE PAID PRIOR TO SCHEDULING A FINAL INSPECTION