



Permit # \_\_\_\_\_

Receipt # \_\_\_\_\_ / /

# PLUMBING PERMIT *Medical Gas*

**Job site located at:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Model Name: \_\_\_\_\_ [ ] New [ ] Remodel

**Plumbing Contractor**

Contractor: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Registration #: \_\_\_\_\_

**Property Owner Information**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Underground Inspection:**

Approved \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Disapproved \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

**Top Out Inspection:**

Approved \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Disapproved \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

**Final Inspection:**

Approved \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Disapproved \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Type of System	Number of Systems	Number of Outlets
Carbon Dioxide		
Helium		
Instrument Air		
Medical Air		
Medical/Surgical Vacuum		
Nitrogen		
Nitrous Oxide		
Oxygen		
WAGD		
Other		
<b>Total</b>		
<b>Total of systems X \$75</b>		
<b>Total of outlets X \$21</b>		
<b>Commercial Plans Review</b>		
1-10 Fixtures/Outlets <b>\$100</b>		
11-30 Fixtures/Outlets <b>\$200</b>		
31+ Fixtures/Outlets <b>\$250</b>		
<b>Application Fee</b>		
1-2 Fixtures/Outlets <b>\$50</b>		
3-5 Fixtures/Outlets <b>\$100</b>		
6+ Fixtures/Outlets <b>\$250</b>		
<b>Grand Total</b>		

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Issued By \_\_\_\_\_

Date \_\_\_\_\_

**PERMIT MUST BE POSTED ON SITE**

SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS

**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 THE FINAL INSPECTION**