

Delaware General Health District

1 W. Winter Street; P.O. Box 570
Delaware, Ohio 43015-0570
 (740) 368-1720 Fax (740) 368-1736

Medical Gas Permit

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

Applicant's Signature

Date

Issued By

Date

Comments _____

Type of System	Number of systems	Number of outlet
Carbon Dioxide		
Helium		
Instrument Air		
Medical Air		
Medical / Surgical Vacuum		
Nitrogen		
Nitrous Oxide		
Oxygen		
WAGD		
Other		
Total		
Total of systems	X \$75.00	
Total Outlets	X \$15.00	
Application Fee		\$200.00
Commercial Plans Review		
1-10 Fixtures	+ \$ 75.00	
11-30 Fixtures	+ \$200.00	
31+ Fixtures	+ \$250.00	
Grand Total		

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

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 \$50.00 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