

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



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 # _____

| 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 | | |
| Total | | |
| 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 | | |

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 _____

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 \$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