



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: _____

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		
Total of outlets X \$21		
Commercial Plans Review 1-10 Fixtures/Outlets \$100 11-30 Fixtures/Outlets \$200 31+ Fixtures/Outlets \$250		
Application Fee	\$150 Includes first fixture	
Grand Total		

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.

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