Delaware Public Health District

Dedicated to your health

EH@DelawareHealth.org | (740) 368-1700

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		
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		

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