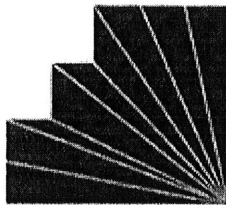


# APPLICATION FOR MEDICAL GAS

Submit one application for each building or structure. Please print or type. All sections must be completed.  
 Note that two (2) complete copies of the plans must be submitted.



MEDINA COUNTY  
HEALTH  
DEPARTMENT

Prevent. Promote. Protect.

MEDINA COUNTY HEALTH DEPARTMENT  
 4800 LedgeWood Drive, Medina OH 44256  
 PHONE (330) 723-9523  
 TOLL FREE (888) 723-9688  
 FAX (330) 723-9650  
 www.medinahealth.org  
 env@medinahealth.org

## 1 PROJECT INFORMATION

Project Name \_\_\_\_\_

Exact Address \_\_\_\_\_

City-Zip \_\_\_\_\_ PS 0

Type of Building \_\_\_\_\_ Level 1 2 3 4

## 2 ARCHITECT/ENGINEER INFORMATION

Engineer  Architect  Ohio Registration # \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City-ST-Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## 3 OWNER INFORMATION

Owner \_\_\_\_\_

Attention \_\_\_\_\_

Owner Street \_\_\_\_\_

Owner City-ST-Zip \_\_\_\_\_

Owner Phone \_\_\_\_\_ Owner Fax \_\_\_\_\_

## 4 CONTRACTOR INFORMATION

Contractor Name \_\_\_\_\_

Contractor Street \_\_\_\_\_

Contractor City-ST-Zip \_\_\_\_\_

Contractor Phone \_\_\_\_\_ Contractor Fax \_\_\_\_\_

## 5 VERIFIER INFORMATION

Verifier Name \_\_\_\_\_

Verifier Address \_\_\_\_\_

Verifier Phone \_\_\_\_\_ Verifier Fax \_\_\_\_\_

## 6 SYSTEMS/OUTLETS

TYPE	SYSTEMS	OUTLETS
Carbon Dioxide		
Helium		
Instrument Air		
Medical Air		
Medical Vacuum		
Nitrogen		
Nitrous Oxide		
Oxygen		
WAGD		
1 Other		
2 Other		

Total Systems \_\_\_\_\_

Total Outlets \_\_\_\_\_

Zone Valve Assembly \_\_\_\_\_

System Tie-In \_\_\_\_\_

## 7 FEE TOTALS

Permit Base Fee	\$450.00
Plan Review Fee	
Total Zone Valve Asm	
Total System Tie-in	

Systems Fee \_\_\_\_\_

Outlets Fee \_\_\_\_\_

**Total Fee** \_\_\_\_\_

Signature of Submitter, Title \_\_\_\_\_

Plan Review Receipt # \_\_\_\_\_

MG Permit Receipt # \_\_\_\_\_

Date Issued: \_\_\_\_\_

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

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

FINAL DATE \_\_\_\_\_