

Medical Gas

USE GROUP

Complete all sections below. Please Print

Application Date: _____ Project No. _____
 (Office Use Only)
 Job Address _____ Unit # _____
 Occupant _____ Type of Business _____
 Owner _____ Owner's Address _____

Describe project: _____

New Addition Remodel Other _____

Building Size/Area _____ sq. ft. Lineal feet _____ ft. Medical Gas Valuation: \$ _____

CATEGORY OF GAS SYSTEM	
Level 1 Gas System	
Level 2 Gas System	
Level 3 Gas System	
Level 4 Gas System	

MEDICAL GAS	Outlets	Cylinder	Bulk
Nitrous Oxide			
Oxygen			
Nitrogen			
Carbon Dioxide			
Helium			
Other:			
Other:			
Other:			
Other:			

MEDICAL GAS EQUIPMENT	Outlets	Cylinder	Bulk
Waste Anesthetic Gas			
Medical Vac System			
Medical Air System			
Other:			
Other:			
Other:			

CONTRACTOR:	
Name _____	Phone: _____
Address _____	
City _____	State _____ Zip _____

PLEASE READ AND SIGN. **I, the undersigned do hereby affirm:** The above statements are true and correct and also agree to comply with the provision of the ordinances of the City of Middletown. I will comply with all conditions of the permit once issued. The proposed work is authorized by the owner in fee and I have the authorization to make this application. Upon notification of approval, permit fee must be paid and permit obtained within thirty (30) days, or application will be canceled. The information requested on this application may be relied upon by the City in considering the permit. Any false statement made knowingly may be grounds for criminal action under state and local law: Ohio Revised Code §2921.13, Middletown Codified Ordinance § 606.10

Contractor: _____
 (Please print name) (Signature)

PLEASE NOTE: This application will expire 12 months after plan approval if permit is not issued, or 12 months after application date if plans are not approved.