

# Medical Gas

**Complete all sections below. Please Print**

Application Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ Project No. \_\_\_\_\_  
 (Office Use Only) (Office Use Only)

Job Address \_\_\_\_\_

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:   | State of Ohio ID #: _____ |
| 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.