



# Clermont County Public Health

Prevent. Promote. Protect

# Medical Gas Application

Permit No: \_\_\_\_\_

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

System/Outlet Count \_\_\_\_\_

- New Construction
- Addition
- Replacement
- Repair

### Property

Street No: \_\_\_\_\_

Street Name: \_\_\_\_\_

Township: \_\_\_\_\_

Nearest Intersection \_\_\_\_\_

*\*\*All lots must be properly identified with lot or street number\*\**

### Owner/General Contractor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Contractor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

System Type	# Systems	# Outlets	# Tie-ins
Carbon Dioxide			
Helium			
Instrument Air			
Medical Air			
Medical/Surgical Vacuum			
Nitrogen			
Nitrous Oxide			
Oxygen			
WAGD			
Other			

Only brazers who have been qualified under the requirements of ASSE 6010 and certified with the Ohio Department of Commerce shall be permitted to braze joints in medical gas and vacuum pipeline systems (ASSE Series 6000/ 10-4.9.2). Any medical gas and vacuum pipeline system installed not meeting these requirements may be required to be removed.

Plans must be approved and permit secured before commencing work. Permit will expire 1 year from the date of issue. Application is hereby made to Clermont County Public Health for permission to install medical gas in accordance with this application, and subject to rules and regulations for installation and inspection of medical gas in Clermont County, Ohio.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his or her authorized agent and we agree to conform to all applicable laws of the State of Ohio and the County of Clermont.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name Signed Above \_\_\_\_\_ Phone \_\_\_\_\_

Med Gas 1	
Inspector	Date
Notes	

Med Gas 2	
Inspector	Date
Notes	

Med Gas 3	
Inspector	Date
Notes	