

OTTAWA COUNTY BUILDING INSPECTION DEPARTMENT

OTTAWA COUNTY COURT HOUSE, ROOM 104

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APPLICATION FOR MEDICAL GAS PIPING SYSTEM PLANS EXAMINATION AND INSPECTIONS

Please complete all sections of the application. Do not enter "same" for any field. Please print or type using blue or black ink. Consult the Ohio Administrative code for complete details on piping systems.

Township/Village/City:		
Name of Project:		
Address of Project:		
OWNER INFORMATION		
Owner:	Attention:	
Address:		
Owner Phone:	Cell Phone:	
CONTRACTOR INFORMATION		
Name:	Phone Number:	
Address:		
City, State, Zip Code:		
SUBMIT ONE APPLICATION PER SYSTEM		
Power Piping	Oxygen Piping	Other Gaseous Piping System
<input type="checkbox"/> Air	<input type="checkbox"/> Bulk	<input type="checkbox"/> Hydrogen Piping
<input type="checkbox"/> Steam and/or Condensate	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Hot water - High Pressure Boiler	<input type="checkbox"/> Oxygen-Fuel Gas	
<input type="checkbox"/> Liquid chemical Industrial Process Piping		
Heating Piping	Industrial Gases	Refrigeration Piping
<input type="checkbox"/> Steam	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Brine
<input type="checkbox"/> Hot Water	<input type="checkbox"/> Nitrogen	<input type="checkbox"/> Ammonia
<input type="checkbox"/> Hydraulic Piping	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Freon
<input type="checkbox"/> LP - Gas Piping		
Nonflammable Medical Gases		
<input type="checkbox"/> Oxygen	<input type="checkbox"/> Nitrous Oxide	<input type="checkbox"/> Nitrogen
<input type="checkbox"/> Medical Air	<input type="checkbox"/> Carbon Dioxide	<input type="checkbox"/> Helium
<input type="checkbox"/> Vacuum	<input type="checkbox"/> WAGD	<input type="checkbox"/> Other
Operating Pressure:	Starting Date:	Feet of Piping:
Cost of Installation:	Number of Rooms w/Medical Gas Outlets/Equipment:	
\$250.00 Base Fee: \$ _____	\$250.00 Plan Examination Fee: \$ _____	
\$10.00 X _____ Rooms (Med. Gas)	3% Surcharge: \$ _____	
Total Fees: \$ _____	Fees Paid By: Check #	Cash
Signature:	Date:	
I hereby certify that I am the (select one): <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent for Owner		
And all information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above		