City of Hamilton
BUTLER COUNTY OHIO

Building Department
345 High Street, 3rd floor
Hamilton, Ohio 45011

MEDICAL GAS PERMIT / APPLICATION FOR PLAN APPROVAL

ADDRESS OF PROJECT:_____

APPLICANT NAME:_____ **PHONE**:_____

APPLICANT COMPANY (if any):_____

APPLICANT EMAIL:_____

OHIO LICENSE # FOR DESIGN & INSTALLATION OF MEDICAL GAS SYSTEMS:

_____

PROPERTY OWNER NAME:_____ **PHONE**:_____

PROPERTY OWNER EMAIL:_____

BRIEF DESCRIPTION OF WORK / APPROVAL REQUEST:_____

_____

CIRCLE ALL THAT APPLY: NEW BUILDING | EXISTING BUILDING ALTERATION, REPAIR OR REPLACEMENT

NEW ADDITION | NEW ACCESSORY BUILDING OR STRUCTURE | CHANGE OF OCCUPANCY | OTHER:_____

PROVIDE THE FOLLOWING INFORMATION APPLICABLE TO THIS PROJECT:

TOTAL NUMBER OF ZONE VALVE ASSEMBLIES:	
TOTAL NUMBER OF MEDICAL GAS SYSTEMS:	
TOTAL NUMBER OF MEDICAL GAS TIE-INS:	
TOTAL NUMBER OF ROOMS WITH MEDICAL GAS OUTLETS:	
TOTAL NUMBER OF MEDICAL GAS EQUIPMENT ROOMS:	
ESTIMATED VALUE OF THIS CONSTRUCTION:	**$**

APPLICANT CERTIFIES THAT ALL ABOVE INFORMATION IS CORRECT AND THAT ALL APPLICABLE LAWS AND ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THE PERMIT IS ISSUED AND THAT THEY ARE AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION.

APPLICANT SIGNATURE:_____ **DATE**:_____

FOR BUILDING DEPARTMENT PERSONNEL USE ONLY:		
APPLICATION #:	BUILDING PLAN REVIEW FEE: (due at time of application):	$
	TOTAL AMOUNT DUE FOR PERMIT ISSUANCE:	$