

# County of Butler



## Medical Gas Application

### Must read before Processing:

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 and not meeting these requirements may be required to be removed. Submit a set of drawings for plan review, allow five to ten working days for completion of plan review.

Permit # \_\_\_\_\_

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

Application Submitted By: \_\_\_\_\_

Job Site Name: \_\_\_\_\_

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

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

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

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

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Certified Persons Name: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_ Architect: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Engineer: \_\_\_\_\_

### APPLICATION & PLAN REVIEW FEE

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

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

Type of system	# of Systems	# of Outlets
Carbon Dioxide		
Helium		
Instrument air		
Medical Air		
Medical/Surgical Vacuum		
Nitrogen		
Nitrous Oxide		
Oxygen		
WAGD		
Level 3 Compressed Air		
Other		
Total		
Total of systems X \$100.00		
Total Outlets X \$10.00		
Total (Systems & Outlets)		
Plan Review Fee	\$250.00	
Permit Processing Fee	\$250.00	
Grand Total		

Contact Person: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Type of Building \_\_\_\_\_  
(Nursing Home, Urgent Care, Hospital ect.)

Level 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Plan Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Butler County Health Department, 301 South Third Street, Hamilton, Ohio 45011, (513) 863-1770, Fax (513) 863-4372