Permit # _____ Date of Issuance ____/____/____

APPLICATION FOR A
MEDICAL GAS PERMIT
ERIE COUNTY GENERAL HEALTH DISTRICT

420 Superior Street
Sandusky, Ohio 44870
Phone: 419-626-5623 Ext. 5209
Fax: 419-624-3358
cgallagher@echdohio.org

Project Information:
County: _____ Township: _____
City or Village: _____
Building Address: _____

Owners Name: _____
Address: _____
_____
Telephone: Hm: _____Other:_____

General Contractor: _____
Contact Person: _____
Address: _____
_____
Telephone: Wk: _____Other:_____

Plumbing Contractor: _____
Contact Person: _____
Address: _____
_____
Telephone: Wk: _____Other:_____
Medical Gas Certification #_____

Plan Review……	$ 200.00
Permit Application……..	$ 200.00
Total Footage of Piping _____ x $4.00 Per Hundred Feet = …	$ _____
Total Outlets Count: _____ x $20.00= ……..	$ _____
Number of Additional Inspections Anticipated _____ x $125.00 =	$ _____
Total Plumbing Permit Fees……..	$ _____

If you are submitting for a **plan review only** submittal of the plan review fee along with application documents is sufficient. We require a minimum of two (2) sets of plumbing plans submitted for review with application and approved payment method.

Medical Gas Permit includes one (1) inspection. If additional inspections are needed, the cost is $125.00 per additional inspection.

Total Medical Gas Permit Fees From Above $_____

Check # _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by owner to make this application as his agent and we agree to all applicable laws of this jurisdiction.

Signature of Applicant (Contractor or Owner) Application Date