



Medical Gas Permit Application

Rev.20171213

Job Site Address: _____ Date: _____

Property Owner/Business Name: _____

Owner Address: _____

Contractor: _____ Contractor License #: _____

Contractor's Address: _____ Contact Person: _____

Phone Number: _____

Building Use: *(Please check one)*

Commercial

Residential

New Building

Addition to Existing Building

Remodel, Repair or Alteration

Job Description: _____

Medical gas piping requirements can be found in WAC 51-46, the State amendments to the Uniform Plumbing Code.

	Fee	Quantity	Total
O ₂ - Oxygen	\$11.00	x	=
Air – Compressed Medical Air	\$11.00	x	=
N ₂ O – Nitrous Oxide	\$11.00	x	=
N ₂ - Nitrogen	\$11.00	x	=
Vacuum	\$11.00	x	=
Other – Please identify in Job Description	\$11.00	x	=
Other – Please identify in Job Description	\$11.00	x	=
Inspection Outside of Normal Hours	\$75.00	x	=
<i>Fee is \$75 per hour, or fraction thereof, with a minimum of \$150 for the first two hours. Requires approval from the Inspector Supervisor.</i>			
Reinspection – fee per hour or fraction thereof	\$75.00	x	=
The minimum fee for this permit is \$40.00	Subtotal:		
		<i>Processing Fee:</i>	\$25.00
	TOTAL PERMIT FEE:		