



# Medical Gas Permit Application

Rev.20241219

Job Site Address: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner/Business Name: \_\_\_\_\_

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

Contractor: \_\_\_\_\_ Contractor License #: \_\_\_\_\_

Contractors Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 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 51-56, the State amendments to the Uniform Plumbing Code.*

	Fee	Quantity	Total
O <sub>2</sub> - Oxygen	\$11.00	X	=
Air - Compressed Medical Air	\$11.00	X	=
N <sub>2</sub> O - Nitrous Oxide	\$11.00	X	=
N <sub>2</sub> - 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	=
Fee is \$75 per hour, or fraction thereof, with a minimum of \$150 for the first two hours. Requires approval from the Inspector Supervisor.			
Re-inspection - <i>fee per hour or fraction thereof</i>	\$75.00	X	=
<b>The minimum fee for this permit is \$40.00</b>	Subtotal:		
	Processing Fee:		\$25.00
	<b>TOTAL PERMIT FEE:</b>		