



MEDICAL GAS PERMIT APPLICATION

Development Services Center
 Spokane City Hall, 3rd Floor
 808 W Spokane Falls Boulevard
 Spokane, WA 99201-3343

Phone: (509) 625-6300
PermitTeam@SpokaneCity.org
my.spokanecity.org

Plans and specifications prepared and sealed by a Mechanical Engineer licensed to practice in the state of Washington shall be filed with the Department for review and approval prior to issuance of a permit for the work proposed. Plans shall demonstrate compliance with NFPA 99, the Plumbing Code, the Fire Code, and all applicable RCWs and WACs.

Job Address: _____ **Date:** _____

Property Owner/Business/Building Name: _____

Owner Address: _____

Contractor: _____ **License #:** _____

Contractor Address: _____ **Phone #:** _____

Contact Person: _____ **Email:** _____

Building Use:	Commercial	Residential	
	New Construction	Addition	Remodel
Scope of Work:			

Building Permit #: _____

	Fee	Quantity	Total
Air - Compressed Medical Air	\$15.00	x	=
N ₂ - Nitrogen	\$15.00	x	=
N ₂ O - Nitrous Oxide	\$15.00	x	=
O ₂ - Oxygen	\$15.00	x	=
Vacuum	\$15.00	x	=
Other ~ <i>Please identify in Scope of Work</i>	\$15.00	x	=
Other ~ <i>Please identify in Scope of Work</i>	\$15.00	x	=
Trade Review Fee	\$230.00	x	=
Subtotal:			
<i>2.5% Technology Fee:</i>			
<i>Processing Fee:</i>			\$65.00
TOTAL PERMIT FEE:			

The actual Review Fee is calculated at \$115 per hour, or fraction thereof, with a minimum fee of \$230. This fee may be reduced or waived if the plans were reviewed and approved with the building permit application.

- Required Inspections from DSC**

 - Initial Pressure Test of 150% of operating pressure.
 - Inspection of pipe and equipment prior to closing walls.
 - Final Inspection. *Installer and 3rd Party test results required before final approval can be granted.*

- Installer and 3rd Party Testing**

 - Installer responsible for tests outlined in NFPA 99-5.1.12.
 - Qualified 3rd Party required for procedures and tests outlined in NFPA 99-5.12.3.
 - Test results shall be submitted to DSC Inspector.

I hereby attest that all information provided is complete and accurately reflects the scope of work to be done and agree to abide by all applicable state and local codes.

Applicant Signature: _____ **Date:** _____