



**PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND
CONSTRUCTION
DIVISION OF PLUMBING
500 MERO ST, 1ST FLOOR
FRANKFORT, KENTUCKY 40601-1987**

Permit No. _____

Cost of Permit _____

Date _____

MEDICAL GAS INSTALLATION PERMIT APPLICATION

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance to the State Plumbing Code and NFPA 99C.

Location _____ (Street) _____ (County) _____ (City) _____ (Subdivision)

Owner's Name _____ Address _____

Public Building, Type and Name _____ Plan No. _____ Case No. _____

CHECK EACH BLANK THAT APPLIES: New Construction Existing Unit Other Unit

Certified Brazier and Installer Name; Journeyman Plumber Lic. #

MEDICAL GAS TYPE	No. of Openings	MEDICAL GAS TYPE	No. of Openings	NOTES;
Oxygen		Vacuum		
Nitrogen		WAGD		
Carbon Dioxide		Medical Air		
Nitrous Oxide		Helium		
Other		Total = Openings x \$15.00 + \$45.00 Base Fee		

Inspections	Date	Inspector	Insert a check mark beside the remarks that apply.
Piping Underground			Pipe encased <input type="checkbox"/> Approved pipe <input type="checkbox"/> Test documentation sheet given <input type="checkbox"/> Tested <input type="checkbox"/> Approved fittings <input type="checkbox"/> Material list checked <input type="checkbox"/> Proper depth <input type="checkbox"/> Audible low content alarm on Nitrogen purge <input type="checkbox"/>
Piping Above Ground			Proper test <input type="checkbox"/> Proper hangers <input type="checkbox"/> No cross connections <input type="checkbox"/> Pipe labeled <input type="checkbox"/> Proper material..... <input type="checkbox"/> Stations connected and tested ... <input type="checkbox"/> Branches turn up off mains..... <input type="checkbox"/> Fittings packaged ... <input type="checkbox"/> Installer credentials checked..... <input type="checkbox"/> Test documentation sheet given <input type="checkbox"/> Pipe stored properly <input type="checkbox"/> Audible low content alarm for Nitrogen purge <input type="checkbox"/>
Final			All med gas installed... <input type="checkbox"/> Approved 6030 verifier..... <input type="checkbox"/> Report from verifier requested..... <input type="checkbox"/> All testing reports received <input type="checkbox"/> All piping labeled <input type="checkbox"/> All stations connected <input type="checkbox"/>

The Office of Housing, Buildings & Construction, Division of Plumbing is issuing this plumbing construction permit upon your request in accordance with KRS 318; 195 and Regulation 815 KAR 20:150, and you the undersigned must be and are fully aware that you are responsible for this installation in its entirety and until its completion and its your responsibility to notify, request and obtain all inspections as required. And if for any reason you fail to complete this installation it will be your responsibility to notify this Office immediately.

Master Plumber / Homeowner Signature _____ License No. _____

Complete Address _____

Office / Home Phone Number _____ Mobile Phone Number: _____

