



Grove City Building Division
 4035 Broadway
 Grove City, OH 43123
 614-277-3075 (Phone)
 614-277-3090 (Fax)
 GroveCityOhio.gov

MEDICAL GAS PERMIT APPLICATION

Return form by: Fax Email Pickup Call

PROPERTY INFORMATION

Address _____ Grove City, OH 43123

Parcel I.D. _____ Unit/Suite/Building _____ Zoning _____

OWNER INFORMATION

Name _____ Phone _____

Address _____ Email _____

MEDICAL GAS PERMIT INFORMATION

TYPE OF SYSTEM	NO. OF SYSTEMS	NO. OF OUTLETS
Carbon Dioxide		
Helium		
Instrument Air		
Medical Air		
Medical/Surgical Vacuum		
Nitrogen		
Nitrous Oxide		
Oxygen		
Waste Anesthesia Gas Disposal		
Other		
Total		

FEES

PERMIT FEES

_____ Systems x \$100 \$ _____

_____ Outlets x \$15 \$ _____

PLANS REVIEW

1-10 Systems = \$100 \$ _____

11-30 Systems = \$200 \$ _____

31 > Systems = \$250 \$ _____

Subtotal \$ _____

State Fee 3% \$ _____

Total Fees Due \$ _____

NO PART OF ANY MEDICAL GAS SYSTEM SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED, TESTED AND APPROVED.

CALL FOR FINAL INSPECTION WHEN JOB IS COMPLETE AND BEFORE SYSTEM USE.

PERMIT MUST BE POSTED ON SITE

OFFICE USE

Receipt No. _____

Check No. _____

Date Entered _____

Date Issued _____

Approved _____ Date _____

CONTRACTOR INFORMATION

Registration No. _____

Contractor _____ Contact _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

Signature _____ Owner Agent

24-Hour Inspection Line: 614-277-1815

For next business day inspections, requests must be called in before noon or contractors may use the online inspection service as late as 8 p.m., seven days a week.