



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

MEDICAL GAS PERMIT APPLICATION

Permit No. _____

Method by which you would like your permit returned: Fax Email Pickup

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 # _____
 Cash Card Check
 Ref. # _____
 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.