



**Clermont County  
Public Health**  
Prevent. Promote. Protect.

# Medical Gas Application

Office Use Only

Permit No: \_\_\_\_\_

Date Received: \_\_\_\_\_

## Property Information

Street No: \_\_\_\_\_ Street Name: \_\_\_\_\_

Township: \_\_\_\_\_ Nearest Intersection: \_\_\_\_\_

## Contractor

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Owner/General Contractor

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Detailed Description of Work


## Medical Gas

## # of each

Systems	
Zone Value Assembly	
Tie In	
Outlets	

Only brazers who have been qualified under the requirements of ASSE 6010 and certified with the Ohio Department of Commerce shall be permitted to braze joints in medical gas and vacuum pipeline systems (ASSE Series 6000/ 10-4.9.2). Any medical gas and vacuum pipeline system installed not meeting these requirements may be required to be removed.

Plans must be approved and permit secured before commencing work. Approved plans must be on site. Permit will expire 1 year from the date of issue. Application is hereby made to Clermont County Public Health for permission to install medical gas in accordance with this application, and subject to rules and regulations for installation and inspection of medical gas in Clermont County, Ohio.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his or her authorized agent and we agree to conform to all applicable laws of the State of Ohio and the County of Clermont.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name Signed Above: \_\_\_\_\_ Phone: \_\_\_\_\_