



**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: _____