

Permit # \_\_\_\_\_

Date of Issuance \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATION FOR A  
MEDICAL GAS PERMIT  
ERIE COUNTY GENERAL HEALTH DISTRICT**

420 Superior Street  
Sandusky, Ohio 44870  
Phone: 419-626-5623 Ext. 209  
Fax: 419-624-3358  
[plumbing@eriecohealthohio.org](mailto:plumbing@eriecohealthohio.org)

Project Information:

County: \_\_\_\_\_ Township: \_\_\_\_\_

City or Village: \_\_\_\_\_

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

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

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

\_\_\_\_\_

Telephone: Hm: \_\_\_\_\_ Other: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: Wk: \_\_\_\_\_ Other: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: Wk: \_\_\_\_\_ Other: \_\_\_\_\_

Medical Gas Certification # \_\_\_\_\_

Plan Review.....	\$ 200.00
Permit Application.....	\$ 200.00
Total Footage of Piping _____ x \$4.00 Per Hundred Feet = ...	\$ _____
Total Outlets Count: _____ x \$20.00= .....	\$ _____
Number of Additional Inspections Anticipated _____ x \$125.00 =	\$ _____
Total Plumbing Permit Fees.....	\$ _____

If you are submitting for a **plan review only** submittal of the plan review fee along with application documents is sufficient. We require a minimum of two (2) sets of plumbing plans submitted for review with application and approved payment method.

Medical Gas Permit includes one (1) inspection. If additional inspections are needed, the cost is \$125.00 per additional inspection.

Total Medical Gas Permit Fees From Above \$ \_\_\_\_\_

Check # \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by owner to make this application as his agent and we agree to all applicable laws of this jurisdiction.

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Signature of Applicant (Contractor or Owner)	Application Date
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