



DIVISION OF BUILDING STANDARDS
 COUNTY OF SUMMIT ♦ EXECUTIVE RUSSELL M. PRY
 1030 E. TALLMADGE AVENUE ♦ AKRON, OHIO 44310
 330.630.7280 ♦ FAX: 330.630.7296
www.co.summit.oh.us/executive/bldgstds.htm

MEDICAL GAS PIPING PERMIT APPLICATION

PERMIT #

<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> NEW CONSTRUCTION
<input type="checkbox"/> EXISTING	<input type="checkbox"/> ADDITION
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> REPLACEMENT

JOB ADDRESS _____
 VILLAGE/TWP/CITY _____
 BUILDING PERMIT# _____
 DATE _____ INIT. _____
 PARCEL # _____ SQ. FT. _____

PROJECT/CONTRACTOR INFORMATION:

PROJECT NAME			
PROPERTY OWNER			
ADDRESS <i>STREET</i>	<i>CITY/TOWN</i>	<i>STATE</i>	<i>ZIP</i>
TELEPHONE #	CELL #	E-MAIL	
MEDICAL GAS CONTRACTOR			
ADDRESS <i>STREET</i>	<i>CITY/TOWN</i>	<i>STATE</i>	<i>ZIP</i>
TELEPHONE #	CELL #	E-MAIL	
INSTALLER NAME			
INSTALLER 6010 CERTIFICATION #		LICENSE EXPIRATION DATE	

PAYMENT METHOD:

CHECK # _____ CASH M/C DISCOVER AMEX
 MEDICAL GAS CONTRACTOR/OWNER SIGNATURE _____ DATE _____
 SCOPE OF WORK/SPECIAL INSTRUCTIONS _____

FEE SCHEDULE:

PERMITS (PLEASE CALL FOR ANY FEES NOT LISTED)	
COMMERCIAL:	
PROCESSING FEE	\$200
PLANS REVIEW FEE	\$200
PER ROOM (WITH OUTLETS) AND EQUIPMENT ROOMS	\$10
PER ZONE	\$20
PER SYSTEM	\$20
PER "TIE-IN"	\$20
ADDITIONAL INSPECTIONS	\$50 EACH
	SUB-TOTAL _____
	3%COMMERCIAL OBBS FEE _____
	TOTAL FEES DUE _____

*Fees are payable in advance and not refundable.