

CITY OF SANDUSKY

CPA# _____

Department of Community Development, Division of Building Inspection

APPLICATION TO INSTALL PRESSURE PIPING/MEDICAL GAS PLAN APPROVAL

Please complete all sections of the application. Do not enter "same" for any field. Please print or type using blue or black ink. Consult the Ohio Administrative code for complete details on piping systems.

Name of Project:			
Exact address of project:			
City:		Zip:	
Owner of project:		Attention:	
Street Address City, State, Zip:		Phone:	
Fax:	Mobile	Email	
Name of submitter			
Street Address City, State, Zip:		Phone:	
Fax:	Mobile	Email	
SUBMIT ONE APPLICATION PER SYSTEM			
Power Piping		Oxygen Piping	
<input type="checkbox"/> Air		<input type="checkbox"/> Bulk	
<input type="checkbox"/> Steam and/or Condensate		<input type="checkbox"/> Industrial	
<input type="checkbox"/> Hot water from a high pressure boiler		<input type="checkbox"/> Oxygen-Fuel Gas	
<input type="checkbox"/> Liquid chemical Industrial Process Piping		Refrigeration Piping	
Heating Piping		<input type="checkbox"/> Brine	
<input type="checkbox"/> Steam		<input type="checkbox"/> Ammonia	
<input type="checkbox"/> Hot Water		<input type="checkbox"/> Freon	
<input type="checkbox"/> Hydraulic Piping		Industrial Gases	
<input type="checkbox"/> LP - Gas Piping		<input type="checkbox"/> Chlorine	
Operating Pressure:		Starting Date:	
Actual Cost of installation (Labor and Materials)		Total number of rooms with medical gas outlets or equipment:	
Fees: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Ck# _____ Make checks payable to <i>City of Sandusky</i>			
Pressure Piping Fees		Medical Gas Fees	
Processing Fee	\$250.00	Processing Fee	\$250.00
Plan Review Fee	\$250.00	Plan Review Fee	\$250.00
1% of the actual cost of the Pressure Piping system (not including medical gas)	\$ _____	Total number of rooms with medical gas outlets or equipment?	\$10 X _____ Rooms = \$ _____
		Per zone valve assembly	\$25 X _____ zones = \$ _____
		Per system	\$25 X _____ systems = \$ _____
		Per Tie-in	\$25 X _____ tie-ins = \$ _____
		Subtotal (all sections)	\$ _____
		3% X Subtotal (BBS fees)	\$ _____
		TOTAL FEES	\$ _____
I hereby certify that I am the (select one): <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.			
Signature _____		Date Signed: _____	
CONTRACTOR INFORMATION			
Contractor Name		Phone number	
Contractor Signature		Date Signed	