



APPLICATION TO INSTALL PRESSURE PIPING/MEDICAL GAS PLAN APPROVAL

City of Sandusky, Division of Building

240 Columbus Avenue, Sandusky, Ohio – 419.627.5940 – building@cityofsandusky.com

Please complete all sections of the application. Do not enter "same" for any field. Please print or type. Consult the Ohio Administrative Code for complete details on piping systems. CPA# _____

Name of Project:					
Exact address of project:					
City:		Zip:			
Owner of project:		Attention:			
Street Address		Phone:			
City, State, Zip:					
Fax:		Mobile		Email	
Name of submitter					
Street Address		Phone:			
City, State, Zip:					
Fax:		Mobile		Email	
SUBMIT ONE APPLICATION PER SYSTEM					
Power Piping		Oxygen Piping		Other Gaseous Piping System	
<input type="checkbox"/> Air		<input type="checkbox"/> Bulk		<input type="checkbox"/> Hydrogen Piping	
<input type="checkbox"/> Steam and/or Condensate		<input type="checkbox"/> Industrial		Nonflammable Medical Gases	
<input type="checkbox"/> Hot water from a high pressure boiler		<input type="checkbox"/> Oxygen-Fuel Gas		<input type="checkbox"/> Oxygen	
<input type="checkbox"/> Liquid chemical Industrial Process Piping		Refrigeration Piping		<input type="checkbox"/> Nitrous Oxide	
		<input type="checkbox"/> Brine		<input type="checkbox"/> Nitrogen	
		<input type="checkbox"/> Ammonia		<input type="checkbox"/> Medical Air	
Heating Piping		<input type="checkbox"/> Freon		<input type="checkbox"/> Carbon Dioxide	
<input type="checkbox"/> Steam		Industrial Gases		<input type="checkbox"/> Helium	
<input type="checkbox"/> Hot Water		<input type="checkbox"/> Chlorine		<input type="checkbox"/> Vacuum	
<input type="checkbox"/> Hydraulic Piping		<input type="checkbox"/> Nitrogen		<input type="checkbox"/> WAGD	
<input type="checkbox"/> LP – Gas Piping		<input type="checkbox"/> Vacuum		<input type="checkbox"/> Other:	
Operating Pressure:		Starting Date:		Feet of Piping:	
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			