



OHIO APPLICATION FOR MEDICAL GAS PLAN APPROVAL

Submit one application for each building or structure. Please print or type. All sections must be completed.

1	SCOPE OF PROJECT	2	County:	
	<input type="checkbox"/> Medical Gas	3	Is this project located in an incorporated city or village? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		4	Is this project located within your local flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		5	Enter number of sheets in one set of your drawings	
		6	Nature of project <input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Change of Occupancy	
		7	Previous or related Certificate of Plan Approval (CPA) Number(s)	
8	Name of project		Project No.	
Exact address of project				
City			Zip	
Directions				
9	Owner of project		Attention	
Address		City		State Zip
Phone ()		Send by <input type="checkbox"/> FAX ()		
10	<input type="checkbox"/> MAIL	Name of submitter		
Address		City		State Zip
Phone ()		Send by <input type="checkbox"/> FAX ()		
11	<input type="checkbox"/> MAIL	Plans prepared by <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified sprinkler/Alarm designer (check one)		
Name		Ohio Registration Number		
Address		City		State Zip
Phone ()		Send by <input type="checkbox"/> FAX ()		
12	Type of construction		24	If plans are submitted as the result of an Adjudication Order, enter order number here: 25 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 _____ Print or type the name of submitter
13	Current use group			
14	Proposed use group(s)			
15	Cost of work covered by this application	\$		
16	Total number of rooms With medical gas outlets or equipment?	\$10 X ____ Rooms = \$ _____		
17	Per zone valve assembly	\$25 x ____ zones = \$ _____		
18	Per system	\$25 x ____ systems = \$ _____		
19	Per Tie-in	\$25 x ____ tie-ins = \$ _____		
20	Permit Process Fees		\$250.00	
21	Plan Review Fees		\$250.00	
22	Total fees due: (total of lines 16 through 18 above)	\$		
23	Fees paid by <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> ISTV			
26	THE AREA BELOW IS FOR OFFICIAL USE ONLY			
Date recd:		CPA #		
Check #:		Verification #:		
Processed by:		<input type="checkbox"/> Mail-In <input type="checkbox"/> Walk-In		

DIRECTIONS FOR COMPLETING OHIO APPLICATION FOR MEDICAL GAS PLAN APPROVAL

In accordance with Ohio Administrative Code (OAC) Chapter 4101:1-1-06, pursuant to Ohio Revised Code (ORC) Section 3791.04, before beginning the construction, erection or manufacture of any building for which construction documents are required, including all industrialized units, two (2) sets of plans are required when we have jurisdiction for the Medical Gas.. The construction documents shall be accompanied with the application form and attached worksheets. The construction documents shall be prepared by a registered design professional pursuant to OAC 4101:1-1-06.3.4. An examination and inspection fee will be assessed at the time of submittal as outlined in OAC 4101:1-1-08.2.

Application Directions: Complete page one of the application and attached worksheets as outlined below. All boxes, 1 through 22, must be completed in full or the application will be returned. Please mail the application, drawings, and fees to “Division of Industrial Compliance, State of Ohio, 6606 Tussing Road, P. O. Box 4009, Reynoldsburg, Ohio 43068-9009.”

1. Check medical gas box only.
2. List the County where the proposed project is located.
3. In order to establish the proper building department jurisdiction, please check yes or no.
4. Please respond in order to comply with federal law regarding proposed construction within a flood plain.
5. Enter the number of sheets included in one set of your drawings.
6. Refer to Ohio Building Code (OBC) Chapter 2 for definitions.
7. List any previous or related Certificate of Plan Approval (CPA) number(s) associated with this submission.
8. List exact title of project or name of business. For inspection purposes provide specific address and location including tenant space, building floor number, suite numbers, crossroads, landmarks or any other directional guidelines.
9. Provide owner name, their address, telephone, and a contact person.
10. Provide submitter name, their address, and telephone. All correspondence will be sent to the submitter.
11. According to the OBC Section 106.2, the design professionals must be identified by completing all information including their Ohio registration number.
12. Refer to OBC Chapter 6 for Types of Construction.
13. Provide current use group and occupancy type if submission is for an existing building. Otherwise, show N/A and move on to 14.
14. Transcribe from plans or refer to OBC 302.1 for the new use group and occupancy type.
15. Provide total cost of construction work covered in scope of project shown in box 1.
16. Provide the total number of rooms in this project containing medical gas outlets or equipment.
17. Provide the total number of zone valve assemblies for medical gas in the building
18. Provide the total number of medical systems in the building
19. Provide the total number of medical gas tie-ins in the building
20. Permit application process fee required.
21. Medical gas plan review fee required.
22. Total fees due calculated from lines #16 through #21.
23. Check the proper box for payment method. Make check payable to **“Treasurer, State of Ohio”** if paid by checks.
24. In order to rescind a standing adjudication order and to stop further legal proceedings, list the number found on the order.
25. Application cannot be processed without the name of the owner or agent for the owner.
26. For DIC office use only.

Once the plans have been examined and approved, one set of the approved plans will be sent back to the submitter and it must remain at the job site at all times during construction pursuant to OAC 4101:1-1-06.3.1. Inspections can be obtained from the Division of Construction Compliance by calling the dispatch center. The dispatch phone number is (800) 822-3208.