

MEDICAL GAS NFPA 99, CHAPTER 5

Please submit/upload plans in PDF format

Please indicate items submitted with a checkmark (√)

Please upload [this Checklist and any Required Forms](#) in **.pdf format** to the appropriate category [<Survey>](#) [<Building Plans>](#) [<Supporting Docs>](#) [<NOA>](#) following the TOJ Naming Convention found in Help Documents

Create online as: [Commercial Gas Lines](#)

1. **Plans** [<Building Plans>](#)

- a. Signed & Sealed with names/address of Design professional _____
- b. Plans must state design parameters compliance with current FBC _____
- c. Plans shall include:
 - Floor plan _____
 - Occupancy of space _____
 - Building type _____
 - Level & type of medical gas (med-gas) _____
 - Location and type of tanks _____
 - Location of valves _____
 - Fire protection for enclosure _____
 - Ventilation for enclosure _____
 - Piping material _____
 - Piping sizes _____
 - Pipe routing _____

2. **Supporting Documents** [<Supporting Docs>](#)

- a. Palm Beach County Fire Rescue application and fee _____
- b. Copy of certification for Medical Gas _____

