

**MEDICAL GAS**  
**2005 NFPA 99, CHAPTER 5**

**Please submit/upload plans in PDF format**

**Applicant must submit the following items:**

**Please indicate items submitted with a checkmark (✓)**

**Create online as Permit Type: Gas (C ) Workclass: Gas Lines**

- |    |   |       |
|----|---|-------|
| 1. | Permit application (check appropriate trade)(plumbing) completed and signed | _____ |
| 2. | Plans to include:   |       |
|    | a. Level & type of medical gas (med-gas)                                    | _____ |
|    | b. Location and type of tanks   | _____ |
|    | c. Location of valves   | _____ |
|    | d. Fire protection for enclosure  | _____ |
|    | e. Ventilation for enclosure  | _____ |
|    | f. Piping material  | _____ |
|    | g. Piping sizes (not less than ½ inch)                                      | _____ |
|    | h. Pipe routing   | _____ |
|    | Requirements for installation:  |       |
|    | a. Installation shall comply with NFPA 99-chapter 5                         | _____ |

**COPY OF CERTIFICATION FOR MEDICAL GAS REQUIRED PRIOR TO ISSUANCE OF PERMIT.**



PALM BEACH COUNTY FIRE-RESCUE  
PLANS REVIEW APPLICATION



NO. \_\_\_\_\_

FP# \_\_\_\_\_

PERMIT # \_\_\_\_\_

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME: \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

- \_\_\_\_\_ CONSTRUCTION      \_\_\_\_\_ REVISE      \_\_\_\_\_ ALTERATION
- \_\_\_\_\_ MULTIPLE DWELLING      \_\_\_\_\_ CIVIL      \_\_\_\_\_ COMMERCIAL
- \_\_\_\_\_ INTERIOR      \_\_\_\_\_ HOOD SYSTEM      \_\_\_\_\_ FUEL TANK/LINES
- \_\_\_\_\_ LP GAS      \_\_\_\_\_ FIRE ALARM      \_\_\_\_\_ FIRE SPRINKLER
- \_\_\_\_\_ FIRE SUPPRESSION      \_\_\_\_\_ HVAC      \_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_  
NAME OF OWNER OR ENGINEER      ADDRESS OF OWNER OR ENGINEER

\_\_\_\_\_  
NAME OF CONTRACTOR      ADDRESS OF CONTRACTOR

\_\_\_\_\_  
PRINT APPLICANT/ CONTACT NAME      APPLICATION DATE

\_\_\_\_\_  
TELEPHONE NUMBER      \_\_\_\_\_ FAX NUMBER      \$ \_\_\_\_\_ VALUATION OF PROPOSED WORK

FOR OFFICE USE ONLY      PALM BEACH COUNTY FIRE RESCUE

FIRE REVIEW FEE  \$	CHECK # _____ DATE REC'D _____	MSTU _____	_____ FIRE DEPT OFFICIAL
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