

# Medical Gas Permit Application



## City of Hillsboro

150 E. Main Street, 4<sup>th</sup> Floor, Hillsboro, OR 97123  
 Phone: (503) 681-6144, Inspections: (503) 681-6244  
 Fax: (503) 681-6469

Internet Address: [www.ci.hillsboro.or.us](http://www.ci.hillsboro.or.us)

OFFICE USE ONLY	
Date received:	Permit no.:
Date issued:	Bld Permit no.:
Deferral: YES/NO	Plumbing Permit no:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF GAS SYSTEM	
<input type="checkbox"/> LEVEL 1 GAS SYSTEM	<input type="checkbox"/> LEVEL 4 GAS SYSTEM
<input type="checkbox"/> LEVEL 2 GAS SYSTEM	
<input type="checkbox"/> LEVEL 3 GAS SYSTEM	
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone: (    )	Fax: (    )
ENGINEER	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: (    )	Fax: (    )
E-mail:	
INSTALLER	
Business name:	
Address:	
City/State/ZIP:	
Phone: (    )	Fax: (    )
CCB lic.:	Lic. no.:

MEDICAL GAS FEES			
Medical Gas Valuation: \$			
MEDICAL GAS	Outlets.	Cylinder	Bulk
Nitrous Oxide:			
Oxygen:			
Nitrogen:			
Carbon Dioxide:			
Helium:			
Other:			
Other:			
Other:			
Other:			
EQUIPMENT			
Waste Anesthetic Gas Disposal:			
Medical Vac System:			
Medical Air System:			
<b>Subtotal</b>			
Minimum permit fee			55.00
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			

**This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.**

\* Fee methodology set by Tri-County Building Industry Service Board

REVISED 4/1/2005

Authorized signature:

Print name:	Date:
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