

Permit #:

Date Received:

## Medical Gas Application

TYPE OF WORK	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Other:
<input type="checkbox"/> Addition/Alteration/Replacement	
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:	
DESCRIPTION OF WORK	
PROPERTY OWNER	
Name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
APPLICANT	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	
CCB License:	PB License:
E-mail:	
Authorized Signature:	
Print name:	Date:

REQUIRED INFORMATION			
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:			
MEDICAL GAS PERMIT (FEES BASED ON VALUATION PROVIDED)			
Minimum Permit Fee		<b>64.90</b>	
Plan Review (25% of permit fee)			
State Surcharge (12% of permit fee)			
TOTAL PERMIT FEE			

**Development Services & Permitting Center**

Email [Permits@Hillsboro-Oregon.gov](mailto:Permits@Hillsboro-Oregon.gov) Phone 503-681-6153 Fax 503-681-5250 Web [Hillsboro-Oregon.gov/Permits](http://Hillsboro-Oregon.gov/Permits)