



Building Department CHECKLIST FOR MEDICAL GAS PERMITS

PERMIT APPLICATION – The following information must be completed on the permit application:

- For office use only - Permit number and pin number
- Site address
- Parcel ID
- Owner's information, including contact info
- Contractor's information, including contact info
- Valuation
- Notarized Contractor/owner builder signature

PLANS AND DOCUMENTS – Provide 2 copies

- Original plans signed and sealed by a Florida licensed Architect/Engineer. Plans must be no larger than 24" x 36" unless approved by a supervisor prior to submittal or digitally stamped signed and sealed plans. See our website for online submittals.
- Plans shall include:
 - 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 (not less than ½ inch)
 - Pipe routing
- Copy of Certification for Medical Gas
- Sub-contractor agreements, if applicable
- Recorded Notice of Commencement for work valued at \$2500 or more. (NOC must be submitted to the Building Department prior to scheduling the first inspection.)
- ****If applying for the permit as an owner builder, a copy of the recorded warranty deed or property card showing owners name from the property appraiser's website must be submitted, along with an Owner Builder Affidavit.**
- Debris Form

NOTES:

- Installation shall comply with NFPA 99-chapter 5
- If the structure is located in a special flood hazard area (SFHA), the application is subject to substantial damage/improvement review.

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.