

Service Req. ID:

Permit Fee:

Processed by:

Date:

Permits can be purchased on-line at www.kingcounty.gov/health/portal or at the permit counters. For office locations and hours visit: <http://www.kingcounty.gov/plumbing>
Telephone: (206) 263-9566

Application for Medical Gas Permit

Project Location:

Street Address

Unit #

City

Zip Code

Property Owner Name(s):

Phone:

Owner Email:

Parcel Number:

Building Use: Hospital

Medical Clinic

Dental Clinic

Veterinary Clinic

Facility Type: Category 1 New

Category 2

Category 3

Category 4

Activity: Construction

Remodel/Alteration/Addition

Is your project located in a category 1 or 2 medical facility?		Yes	No
<i>If you answered "Yes", a plan review is required. Please provide designer information, submit your plans and pay the initial plan review fee only.</i>			
Designer Information (Plan review only)			
Name/Company (Designer):		Phone:	
License or Certification Number:		Email:	
Certification/License Type:	WA State Professional Engineer (PE)	ASSE 6005 Generalist	
	ASSE 6010 Medical Gas System Installer		

Contractor/Company Information

Contractor/Company:

Phone:

Email:

Check #:

State Labor & Industries Contractor Registration Number:

(NOTE: A separate permit is required for each building)

Permit Fees

1-4 Outlets \$140

5-6 Outlets \$175

4-7-9 Outlets..... \$210

10 Outlets \$245

Over 10 Outlets..... \$245 plus \$10 per each outlet thereafter

Outlet Description	Outlet Count	Fee
OXYGEN		
MEDICAL AIR		
NITROUS OXIDE		
NITROGEN		
CARBON DIOXIDE		
HELIUM		
VACUUM		
WAGD		
COMPRESSED AIR (TOOL AIR)		
TOTAL OUTLETS AND PERMIT FEE		



For Office Only

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Applicant Name:

Contractor or Owner (or Authorized Agent)

Applicant Email:

Phone:

Applicants Address:

Signature of Applicant:

I UNDERSTAND THAT ALL WORK AUTHORIZED BY THIS PERMIT IS SUBJECT TO INSPECTION AND APPROVAL OF THE HEALTH DEPARTMENT AND MUST COMPLY WITH RULES AND REGULATIONS GOVERNING CONTRACTOR REGISTRATION (RCW 18.27) AND INSTALLER CERTIFICATION (RCW 18.106).