HBC 31-21
(REV 5/4/05)

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
OFFICE OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF PLUMBING
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KENTUCKY 40601-5405

Permit No. _____

Plan No. _____

Case No. _____

Cost of Permit _____

Date _____

MEDICAL GAS PIPING CONSTRUCTION PERMIT APPLICATION

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance of the State Plumbing Code.

Location _____
Street County City

Owner's Name _____ Address _____

Public Building, Type and Name _____

Check Each Blank That Applies: ☐ NEW CONSTRUCTION ☐ EXISTING UNIT

☐ CARBON DIOXIDE ☐ NITROGEN ☐ OXYGEN
☐ HELIUM ☐ NITROUS OXIDE ☐ VACUUM SYSTEM
☐ MEDICAL AIR

INSPECTIONS	DATE	INSPECTOR	TYPE OF MATERIAL
PIPING SYSTEMS			
FINAL INSPECTION			

The Office of Housing, Buildings and Construction, Division of Plumbing is issuing this plumbing construction permit upon your request in accordance with KRS 318.134 and Regulation KAR 20.150, and you the undersigned must be fully aware that you are responsible for this installation in its entirety and until it is completed and it is your responsibility to notify, request and obtain all inspections as required and if for any reason you fail to complete this installation, it will be your responsibility to notify this Office immediately.

CERTIFIED MEDICAL GAS BRAZER _____

MASTER PLUMBER _____ LICENSE NUMBER _____

ADDRESS _____
Street City State Zip Code