

**MEDICAL GAS**  
**2005 NFPA 99, CHAPTER 5**

**MAXIMUM PLAN SIZE 24" X 36"**  
**NO HIGHLIGHTING**

Town of Jupiter  
Registration No: \_\_\_\_\_

**Applicant must provide a completed application and the following items:  
(one copy if items are 11" x 17" or smaller and two copies if larger)**

**Please indicate items submitted with a checkmark (✓)**

- |    |   |       |
|----|---|-------|
| 1. | Permit application (check appropriate trade)(plumbing) completed and signed | _____ |
| 2. | Plans to include:   |       |
|    | a. Level & type of medical gas (med-gas)                                    | _____ |
|    | b. Location and type of tanks   | _____ |
|    | c. Location of valves   | _____ |
|    | d. Fire protection for enclosure  | _____ |
|    | e. Ventilation for enclosure  | _____ |
|    | f. Piping material  | _____ |
|    | g. Piping sizes (not less than ½ inch)                                      | _____ |
|    | h. Pipe routing   | _____ |

Requirements for installation:

- |    |  |       |
|----|--|-------|
| a. | Installation shall comply with NFPA 99-chapter 5 | _____ |
|----|--|-------|

**COPY OF CERTIFICATION FOR MEDICAL GAS REQUIRED PRIOR TO ISSUANCE OF  
PERMIT.**