

# MEDICAL GAS NFPA 99, CHAPTER 5

## Please submit/upload plans in PDF format

Please indicate items submitted with a checkmark (√)

Please upload [this Checklist and any Required Forms](#) in **.pdf format** to the appropriate category [<Survey>](#) [<Building Plans>](#) [<Supporting Docs>](#) [<NOA>](#) following the TOJ Naming Convention found in Help Documents

Create online as: **Commercial Gas Lines**

### 1. **Plans** [<Building Plans>](#)

- a. Signed & Sealed with names/address of Design professional \_\_\_\_\_
- b. Plans must state design parameters compliance with FBC 7<sup>th</sup> Edition (2020) \_\_\_\_\_
- c. Plans shall include:
  - Floor plan \_\_\_\_\_
  - Occupancy of space \_\_\_\_\_
  - Building type \_\_\_\_\_
  - 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 \_\_\_\_\_
  - Pipe routing \_\_\_\_\_

### 2. **Supporting Documents** [<Supporting Docs>](#)

- a. Palm Beach County Fire Rescue application and fee \_\_\_\_\_
- b. Copy of certification for Medical Gas \_\_\_\_\_



PALM BEACH COUNTY FIRE-RESCUE  
PLANS REVIEW APPLICATION



NO. \_\_\_\_\_

FP# \_\_\_\_\_

PERMIT # \_\_\_\_\_

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME: \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

- \_\_\_\_\_ CONSTRUCTION      \_\_\_\_\_ REVISE      \_\_\_\_\_ ALTERATION
- \_\_\_\_\_ MULTIPLE DWELLING      \_\_\_\_\_ CIVIL      \_\_\_\_\_ COMMERCIAL
- \_\_\_\_\_ INTERIOR      \_\_\_\_\_ HOOD SYSTEM      \_\_\_\_\_ FUEL TANK/LINES
- \_\_\_\_\_ LPGAS      \_\_\_\_\_ FIRE ALARM      \_\_\_\_\_ FIRE SPRINKLER
- \_\_\_\_\_ FIRE SUPPRESSION      \_\_\_\_\_ HVAC      \_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_  
NAME OF OWNER OR ENGINEER

\_\_\_\_\_  
ADDRESS OF OWNER OR ENGINEER

\_\_\_\_\_  
NAME OF CONTRACTOR

\_\_\_\_\_  
ADDRESS OF CONTRACTOR

\_\_\_\_\_  
PRINT APPLICANT/ CONTACT NAME

\_\_\_\_\_  
APPLICATION DATE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
VALUATION OF PROPOSED WORK

FOR OFFICE USE ONLY      PALM BEACH COUNTY FIRE RESCUE

FIRE REVIEW FEE	CHECK # _____	MSTU _____
\$	DATE REC'D _____	

\_\_\_\_\_  
FIRE DEPT OFFICIAL