



# Compressed Gases Checklist



Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Project Contact: \_\_\_\_\_

**General Project Submittal Minimum Standards:**

**Plans which do not contain the minimum information required will not be accepted for plan check.**

Applicant	Office Use Only	
		<b>Minimum Plan Review Standards</b>
		Completed Permit <a href="#">ELECTRONIC PERMIT APPLICATION</a> required at the time of plan submittal.
		Clear and legible <b>ELECTRONIC DRAWINGS</b> .
		<b>LINES</b> and letters must be dark enough to provide good contrast on paper.
		<b>TEXT</b> must be easily read without magnification.
		Pencil electronic drawings are <u>not</u> acceptable (including corrections or alterations).
		SCALE: All drawings must be drawn to scale.
		<b>SIZE REQUIREMENTS:</b> Electronic drawings must be of one size. Size of plans must be adequate size to allow for plan review.
		<b>Washington State Law</b> requires that any registered professional who prepares or supervises the preparation of drawings and construction documents stamp and sign such documents.
		Compass direction and clearly marked scale on all plans.
		Provide a narrative of the scope of work.
		Completed Permit <b>ELECTRONIC PERMIT APPLICATION</b> required at the time of plan submittal.

**Requirements:**

Applicant	Office Use Only	
		<b>Description of Requirements</b>
		<b>ELECTRONIC DRAWINGS:</b> Provide clear and legible drawings with cut sheets for this specific residential/commercial structure required for submittal. Note: Additional drawings may be required to be submitted if the applicant requires more than one stamped, approved set of plans.
		<b>Working Drawings – Floor Plans:</b>
		Location and type of containers, cylinders and tanks with site diagram.
		Location of any fire barriers, fire walls and fire doors.
		Occupancy type of each room or area.
		<b>System Information:</b>
		Legend showing all symbols, device descriptions, size, and type.
		Make, model, type, and location of all pressure relief devices.
		Make, model and type of electrical wire being used.
		Make, model and type monitoring and detection.
		Make, model and type of gas cabinet.
		Identification of the piping system to include contents and direction of flow. Markings need to be at each valve, at wall or ceiling penetrations, at each change of direction and not less than every 20 feet of piping.
		Type of security and physical protection that will be used.
		Emergency alarm system type and sequence of operation.
		Show markings on all containers.

**Please read the information below and sign before submitting your application:**

Your application shall be deemed complete only if this checklist is completed and submitted along with the submittal package. Submittals not accompanied by a checklist will not be accepted. Accuracy of the submittal package, including this checklist, is the responsibility of the applicant. Failure to submit an accurate submittal package will be considered an incomplete application by the Plan Reviewer. An

incomplete submittal will result in a HOLD. A resubmittal (new submittal package) will be required and always results in a delay.

I have checked the application boxes and have included those requirements in my submittal.

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Print Name

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Signature and Date