

APPLICATION FOR BODY ART FACILITY PLAN REVIEW

The applicant must complete all sections prior to providing services to the public. Please refer to the **Body Art Facility Application Plan Review Checklist and Guidelines** for specific requirements of the California Health and Safety Code, Safe Body Art Act. ALL CONSTRUCTION MUST BE COMPLETED IN ACCORDANCE WITH THE APPROVED PLANS. ANY CHANGES MUST BE APPROVED BY THE LOCAL ENFORCEMENT AGENCY (LEA) AND APPLICABLE PERMITS OBTAINED BEFORE COMMENCING WORK.

TYPE OF SERVICE: <input type="checkbox"/> TATTOO <input type="checkbox"/> BODY PIERCING <input type="checkbox"/> PERMANENT COSMETICS <input type="checkbox"/> BRANDING ONSITE TREATMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF APPLICATION: <input type="checkbox"/> NEW <input type="checkbox"/> REMODEL
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FACILITY INFORMATION: FACILITY NAME _____ FACILITY ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ MAILING/BILLING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ CONTACT FOR PLANS: _____ EMAIL ADDRESS: _____ BUSINESS PHONE NUMBER _____ HOME/CELL PHONE NUMBER _____ FAX NUMBER _____ FACILITY SQUARE FOOTAGE: _____ SQ. FT. NUMBER OF STATIONS OR PROCEDURE AREAS: _____ REQUIRED DOCUMENTS FOR PLAN SUBMITTAL: <input type="checkbox"/> Two (2) Sets of Plans (Minimum paper size of 11"x17", drawn to scale) <input type="checkbox"/> Room Finish Schedule <input type="checkbox"/> Equipment Schedule <input type="checkbox"/> Copy of Manufacturer's Specification for Sterilization Unit (facilities with on-site treatment) <input type="checkbox"/> Body Art Facility Infection Prevention and Control Plan (IPCP) <input type="checkbox"/> Plan Review Fee NOTE: A permit may be required by the local building department if structural changes, plumbing, mechanical or electrical work is performed. Please contact the appropriate department for assistance. Check also with your local City/County Zoning authority for other restrictions that may apply.

FOR OFFICIAL USE ONLY

FA# _____ PR# _____	PLANS APPROVED BY: _____
AMOUNT PAID: _____ DATE PAID _____	DATE: _____ AR# _____ SR# _____