



CONTRA COSTA ENVIRONMENTAL HEALTH DIVISION
 2120 Diamond Blvd, Suite 200, Concord, CA 94520
 Phone: (925) 692-2500 Fax: (925) 692-2502
 Website: www.cchealth.org/eh/



BODY ART FACILITY PLAN CHECK APPLICATION

APPLICANT: Complete the requested information. *Please Print Clearly*

Description of Work Tattooing Piercing Permanent Cosmetics Branding

Submit the following information (required):

- Completed Body Art Facility Plan Check Application form with signature.
- Plans: For electronic plans use a Portable Document Format (PDF) and have a scaled size of 11 x 17 inches. Email to Takeya.Foster@hsd.cccounty.us.
 For paper plans, submit 4 copies, minimum paper size is 11 x 17 inches and must accompany application.
- A copy of your Body Art Facility Infection Prevention and Control Plan.
- Application for Body Arts Establishment Application and, if owner will be performing body art practitioner activities at the facility, a Body Arts Practitioner Application.
- Plan check deposit fee. Contact Environmental Health at (925) 692-2515 for the amount.
- Completed Finish Schedule found on last page of Plan Check Guide.
- A Consent Form, a medical history form, and an after care form.

Plan check guide and forms can be found at: www.cchealth.org/eh/

The body art facility health permit will be issued after plan approval, passing facility inspection, and payment of all fees.

A. Facility Address: Is postal mail delivered at the facility? Yes (If yes, skip Part B) No (If no, please complete Part B)

| | | |
|--|----------|--------|
| NEW FACILITY NAME/DBA: | | |
| FACILITY ADDRESS: | | |
| CITY/STATE/ZIP CODE: | PHONE #: | FAX #: |
| PREVIOUS FACILITY NAME/DBA: | | |
| EMAIL ADDRESS: For Official Inspection Reports and Newsletters regarding changes in state law. Email address provided must be able to accept email from external email address. | | |

B. Owner (Physical) Address:

| | | |
|--|----------|--------|
| NEW OWNER NAME (As it appears on Driver's License or Federal Tax ID): | | |
| OWNER ADDRESS: | | |
| CITY/STATE/ZIP CODE: | PHONE #: | FAX #: |

C. Accounts Receivable Address:

| | | |
|--|----------|--------|
| IN CARE OF (Billing office or Person in Charge): | | |
| ACCOUNTS RECEIVABLE ADDRESS: | | |
| CITY/STATE/ZIP CODE: | PHONE #: | FAX #: |

Please complete both sides of this form.

The undersigned hereby certifies all of the information provided on this application is true and accurate and agrees to notify Contra Costa Environmental Health of any changes that occur including the type of business activity, name, business location, billing address, practitioners, ownership and/or closure.

The undersigned further agrees and understands that any structural alterations, including, but not limited to, equipment changes or additions requires submittal of plans and appropriate fee to Contra Costa Environmental Health for review and approval.

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required permit fee and outstanding inspection fee balance, if any, to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, infractions, permit suspension/revocation proceedings, and/or closure.

PERMITS ARE NOT TRANSFERABLE

Signature(s) must be an Owner, Partner or Corporate Officer (Corporation and Limited Liability Companies). A manually signed copy of this application delivered by facsimile, email or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

APPLICANT NAME (please print): _____

Signature of Applicant: _____ Date: _____

| FOR OFFICE USE ONLY | | | | |
|--|--|--|------------------------|-------|
| FA #: | PR #: | PROGRAM ELEMENT #: 4967 | DISTRICT: 64 | REHS: |
| AMOUNT DUE: \$ 696.00 | AMOUNT PAID: | RECEIPT #: | RECEIVED BY: | |
| METHOD OF PAYMENT: CHECK#: _____ CASH/CREDITCARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA | | DATE RECEIVED: | SUPERVISOR: | |
| <input type="checkbox"/> Plan Submitted Electronically | <input type="checkbox"/> Plan Approved/Date: _____ | <input type="checkbox"/> Plan Rejected/Date: _____ | | |

**NONREFUNDABLE DEPOSIT AMOUNT MAY NOT COVER THE ENTIRE PLAN REVIEW TIME.
ADDITIONAL HOURS MAY BE BILLED AT THE CURRENT HOURLY RATE.
CONSTRUCTION/REMODEL IS NOT TO COMMENCE UNTIL PLANS ARE APPROVED AND BUILDING PERMITS OBTAINED.**