



**CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION**
2120 DIAMOND BOULEVARD, SUITE 100
CONCORD, CA 94520
(925) 608-5500 (925) 608-5502 FAX
www.cchealth.org/eh/



BODY ARTS PLAN REVIEW APPLICATION

Description of Work: Tattooing Piercing Permanent Cosmetics Branding Body Art School
Plan Review Type: New Facility Remodel

Submit the following information (required):

- Completed Body Art Facility Plan Review 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 body.art@cchealth.org.
 For paper plans, submit 4 copies, minimum paper size is 11 x 17 inches (scaled drawing 1/4" = 1'), with facility name and address on each page.
 - A copy of your Body Art Facility Infection Prevention and Control Plan.
 - Application for Body Arts Facility Application and a Body Arts Practitioner Application.
 - \$796 Plan Review Fee.** Please be aware this fee is non-refundable.
 - \$398 Remodeling fee.** Please be aware this fee is non-refundable.
 - Completed Finish Schedule with equipment/tool spec sheets. *Finish schedule be found at: www.cchealth.org/eh/*
 - A Consent, Medical History, and Aftercare form. *(Not required if remodeling only.)*
- The body art facility health permit will be issued after plan approval, passing facility inspection, and payment of all fees.**

A. Facility Address

FACILITY NAME/DBA:		
FACILITY ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	EMAIL:
<u>PREVIOUS</u> FACILITY NAME/DBA:		

B. Owner (Physical) Address:

<u>NEW</u> OWNER NAME (As it appears on Driver's License or Federal Tax ID):		
OWNER ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	EMAIL:

C. Accounts Receivable Address: *Invoices to be mailed here.*

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

Please complete both sides of this form.

FOR OFFICE USE ONLY					
SR #:	FA #:	AR #:	PROGRAM ELEMENT #: 49	DISTRICT: 64	REHS:
AMOUNT DUE: \$		AMOUNT PAID:		RECEIPT #:	RECEIVED BY:
METHOD OF PAYMENT: CHECK#: _____ CASH/CREDITCARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> D/C				DATE RECEIVED:	SUPERVISOR:

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. (California Health and Safety Code, Division 104, Part 15, Ch. 7 Sections: 119320, 119323)

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: _____

**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.