

Placer County Health and Human Services Department

Richard J. Burton, M.D., M.P.H.Health Officer and Department Director

Wesley G. Nicks, R.E.H.S.Director of Environmental Health,
Public Health and Animal Services

Body Art Facility Plan Review Application

Facility Name:					
Facility Address:					
Owner's Name:					
Owner's Mailing Add	Iress: Street	City	Stati	e Zip	
Owner's Phone #:				Is the facility within City limits?	
Water Supply / Servir	ng Entity:				
Sewage Disposal Type: Septic System Sewer – Entity Name:					
CONTACT PERSON	FOR PLANS:				
Phone: ()		Fax: <u>(</u>)	Email:		
■ All ■ Incl Plans are reviewed in You will be notified w	lude equipment descr the order they are re then your plans are ap	City required readable and drawn to ription sheets with your received. Plans will be acceptoved or as to the sta	submittal. ccepted or rejected wit tus.	,	
		CALL FOR CURF	RENT FEES		
Applicant's Signature				Date:	
Check Type	PLAN TYPE				
	Permanent B	Permanent Body Art Facility - NEW			
	Permanent B	Permanent Body Art Facility - Major Remodel			
	Permanent B	Permanent Body Art Facility - Minor Remodel			
	Mobile Body Art Facility				
(For Office Use Only)					
Fee Disclosure Form Signed: Yes No Plans Date Stamped: Yes					
Amount Paid \$	Date Paid	Receipt #	Check #	Check Date:	

Community Development and Resource Agency Building, 3091 County Center Drive, Suite 180, Auburn, CA 95603 ⁴ 530.745-2300 • www.placer.ca.gov • fax 530.745-2370

Tahoe Administration Building, 775 North Lake Blvd, Suite 203, P.O. Box 1909, Tahoe City, CA 96145-1909 530.581.6240 ● fax 530.581.6242