



FOR OFFICE USE ONLY

Amt Due:	_____
Date Received:	_____
Check #:	_____
Receipt #:	_____
Invoice #:	_____

**Department of Health and Human Services, Environmental Health Division**  
 Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300  
 Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

**BODY ART FACILITY PLAN REVIEW APPLICATION**

**OWNER DETAILS:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FACILITY DETAILS:**

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Is the facility within city limits?  Yes  No Water Supply/Serving Entity: \_\_\_\_\_

Sewage Disposal Type:  Septic System  Sewer/Serving Entity: \_\_\_\_\_

**CONTACT FOR PLANS:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

A complete application submittal includes:

- One set of plans.
- All plans must be easily readable and drawn to scale (minimum 1/4" per foot).
- Equipment description sheets.

*Plans are reviewed in the order they are received. Plans will be accepted or rejected within 20 working days of the date received. Incomplete submittals will be put on hold until all requested information is received. Notification will be sent when the review is complete.*

Current fee information is available online at <https://www.placer.ca.gov/3245/Permits-Forms-Fees>.

**TYPE OF PLAN SUBMITTAL:** (Select only one below.)

- \*New Permanent Body Art Facility
- \*Major Remodel – Permanent Body Art Facility
- \*Minor Remodel – Permanent Body Art Facility
- \*Mobile Body Art Facility

**Applicant Name Printed:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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OW	FA	PR	PE	SR
_____	_____	_____	_____	_____
Fee disclosure form signed: Yes_____ No_____			Plans date stamped: Yes_____ No_____	



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**FEE DISCLOSURE**

*The purpose of this disclosure is for you to be aware, in advance, that your application may result in additional charges.*

Environmental Health Services are largely fee dependent and most fees are collected at the time of application. However, there are numerous services provided where a basic minimum fee is collected, then if the basic minimum time covered by that fee is exceeded, an additional charge is made.

It is the policy of Placer County Environmental Health to process applications in an efficient and timely manner. A time accounting and reporting system is in place to track these activities. If an additional amount is required it shall be paid prior to issuance of a permit, approval, or report. An account status is available upon request.

Staff time includes field visits, travel time, consultations in the office or by telephone, report review and application/permit processing. Time may include research for special/unique situations. If you are not sure of a potential charge, please contact this office for clarification.

**POLICY STATEMENTS**

**APPLICABILITY**

- Refund requests must be made within 12 months of the date of the receipt of payment.
- Refunds are made to the person who originally paid the fee.
- Requests for refund must have an original receipt attached, as it is the applicant's responsibility to provide proof of the amount of original payment.
- Administration fees will be calculated at a cost of 0.75 hours at the Division's current hourly rate and will be deducted from the refund to help cover the costs associated with processing the refund.

**PLEASE READ AND SIGN THE STATEMENT BELOW**

I understand that I have paid a fee for Body Art facility plan review and that permit fees are based on the current hourly rate approved by the Board of Supervisors. I also understand that if staff time exceeds this fee, I will be charged an additional amount based upon actual time spent at the current hourly rate. The rate in effect at the time the service was performed shall apply.

**Applicant Name Printed:** \_\_\_\_\_ **File Name/APN:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_