



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

**APPLICATION FOR REVIEW OF BODY ART FACILITY
CONSTRUCTION/REMODEL PLANS**

Plans will not be accepted unless this application is complete, and the plan check fee is paid.

Facility Name: _____

Facility Address: _____ City: _____ Zip Code: _____

Contact Person: _____ Phone: (_____) _____

E-mail Address: _____ Fax: (_____) _____

Owner/Operator Name: _____ Phone: (_____) _____

Address: _____ City: _____ Zip Code: _____

E-mail Address: _____

Type of Construction

New Facility Remodel (Explain Remodel): _____

Indicate all types of body art offered at this facility:

Maximum Number of Practitioners per Shift _____

Using Only Single Use Pre-sterilized Instruments: Yes No

On-site sanitization (autoclave, etc.): Yes No

Owner/Representative Declaration: I certify that I have read the entire application and state that all information is correct. I also understand that plans will be discarded if not picked up within sixty (60) days of approval or denial, and that no inspection of my establishment will be conducted, or approval granted to operate, until all proper information requested has been received and plans have been approved and returned.

Signature _____ **Date** _____

For Office Use

Date: _____ Fee \$ _____ Ck. # _____ Trans. # _____

Approved by (Title): _____ Dist. # _____ Area # _____ SR # _____