



DEPARTMENT OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION

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Body Art Facility Plan Check Application Form

Submittal Type: New Body Art Facility (PE 4740) Remodel of Body Art Facility (PE 4745)

Services Provided: Tattoo Body Piercing Permanent Cosmetics Branding Other: _____

Facility Name/DBA _____

Previous Facility Name (if known) _____

Street Number _____ Street Name _____ Suite _____

Cross Street _____

City _____ State _____ Zip _____ Phone _____

Project Point of Contact Name (Designer, Contractor, etc.) _____

Business Name _____

Address _____ Phone _____

City _____ State _____ Zip _____ E-mail Address _____

Body Art Facility Business Owner _____

Address _____ Phone # _____

City _____ State _____ Zip _____ E-mail Address _____

Comments:

**** Office Use Only ****

Owner ID _____ Facility ID _____ Specialist Name _____

Name	Date
Received By _____	_____
Assigned To _____	_____

Amount Paid _____ Check Number _____

Account ID# _____ Invoice # _____

Plan Check SR #: _____ Program Element: _____