



**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: \_\_\_\_\_