



Division of Environmental Health

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BODY ART FACILITY PLAN CHECK APPLICATION

All Items Must Be Completed

Incomplete Applications Will Be Returned

Name of Facility:	
Facility Address: Street	City & Zip
Owner / Operator:	
Owner / Operator Phone: Business	Cell
Mailing Address: Street	City & Zip

PROVIDE A BRIEF DESCRIPTION OF WORK:

I have contacted the local planning and building agencies to obtain necessary approvals.

Owner Signature:	Date Signed:
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APPLICATION INFORMATION

A Plan Check fee is due with this submittal, covering the first 1 hour of staff time. Staff time in excess of 1 hour will be billed with the plan approval, and must be paid before a permit can be issued.

If paid by Credit Card: Date and amount paid

Confirmation #:

* FOR OFFICE USE ONLY *		O.P confirmed by:
Permit fee (PE 3509) <input type="checkbox"/> Cash \$ <input type="checkbox"/> Check #:.....	Receipt number:	AR: FA:
Invoice number:	Link to SR number:	OA Initials and date entered:
REHS/EHS Signature:	Signature Date:	Response Due By: