COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
Division of Environmental Health
922 Bevins Court, Lakeport, CA 95453-9739
Lakeport Office (707) 263-1164/FAX 263-1681

BODY ART FACILITY PLAN CHECK APPLICATION

☐ **New Construction** ☐ **Remodel**

Business Name: _____

Owner/Operator: _____

Business Address: _____

City _____ Zip Code_____ Phone/Cell: _____

Plan Check Contact: _____

Mailing Address: _____

City _____ Zip Code_____ Phone/Cell: _____

Fax # _____ email: _____

Size of Entire Building (in square feet):_____

Former Business Name (if applicable):_____

Water Supply: ☐ Private ☐ Public Name of Water System: _____

Sewage Disposal: ☐ Septic System ☐ Community Sewer: (Name) _____

Type of Facility: (Mark all that apply)

☐ tattooing ☐ piercing ☐ permanent cosmetics ☐ branding ☐ microblading

Documents Being Submitted Include: (3 sets of the following)

☐ Site Plan ☐ Scaled Floor Plan ☐ Infection Prevention Control Plan ☐ Equipment List

☐ Equipment Specifications ☐ Room Finish Schedule ☐ Hepatitis B Vaccine Declination

☐ Bloodborne Pathogen Certificate Other_____

I acknowledge that final construction must be approved by Lake County Environmental Health, and a **valid Health Permit must be applied for, paid for, and issued prior to opening** for business or use of remodeled areas.

_____ _____ _____
Print Name Signature Date

For Office Use Only·

Date Received: _____
Invoice: _____
Fee Amount: _____
Receipt #: _____
Serv. Req. #: _____

☐ New Business – Opening: ____/____/____
☐ Existing Establishment: _____
☐ Change of Ownership: _____/_____/_____
Former Name: _____
Inspection Freq._____ Due____/____/____

Circle:
Body Art Facility

New: 1803
Remodel: 1809

Fees: New Body Art Facility: $650 Remodel of Body Art Facility: $455