



**Health Department**  
**Division of Environmental Health**

# BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION

Incomplete Applications Will Not Be Accepted

ESTABLISHMENT NAME: \_\_\_\_\_ OWNER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: (Owner) \_\_\_\_\_ EMAIL: \_\_\_\_\_

<p><b>Must submit the following information:</b></p> <p><input type="checkbox"/> \$ 200.00 Plan Review Fee.</p> <p><input type="checkbox"/> Finish Schedule for floor, walls, and ceiling</p> <p><input type="checkbox"/> Equipment Schedule for equipment and tools</p> <p><input type="checkbox"/> Consent Form, Aftercare, and Exposure Control Plan</p>	<p><b>Please indicate services:</b></p> <p><input type="checkbox"/> Tattooing</p> <p><input type="checkbox"/> Piercing</p> <p><input type="checkbox"/> Permanent Cosmetics</p> <p><input type="checkbox"/> Branding and Scarification</p> <p><input type="checkbox"/> Body Art School</p>
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Has body art facility been previously permitted? YES  NO  If yes, name of facility \_\_\_\_\_

- **Submit plans to the Provo Environmental Health Office (plans not accepted at the Am Fork office).**
- **Submitted plans must be legible, easily readable and drawn to scale if possible.**

**Send Finished Plan Review to:**

Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Note:** A penalty of 100% of the permit fee will be charged for an establishment that starts operation without a body art permit. I hereby affirm that the above-named body art establishment will be constructed as specified in the submitted plans, and that construction will not begin until a plan review has been completed. Alterations involving the procedure area portion of the building will be resubmitted to the Health Department for approval. I also affirm that I have been made aware of the penalties mentioned above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*Office Use Only\*\*\*\*\***

Payment received by: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Cash  Check  \_\_\_\_\_ Credit/Debit  \_\_\_\_\_

Plan review due by: \_\_\_\_\_ EHS Application approval: \_\_\_\_\_ File number: \_\_\_\_\_

# Example Floor Plan

