



Office: 801-851-7525 E-mail: eh@utahcounty.gov
151 S University Ave, Ste 2600, Provo, Utah 84601

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>Must submit the following information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$ 250.00 Plan Review Fee. <input type="checkbox"/> List of floor, walls, and ceiling materials and finishes <input type="checkbox"/> List of equipment, tools, disinfectant, etc. <input type="checkbox"/> Consent Form, Aftercare, and Exposure Control Plan <input type="checkbox"/> Drawing of your facility floor plan <input type="checkbox"/> OSHA Approved Bloodborne Pathogen Certificate 	<p>Please indicate services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tattooing <input type="checkbox"/> Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding and Scarification <input type="checkbox"/> Body Art School
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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: _____