



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

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PLAN CHECK APPLICATION FOR BODY ART FACILITY

SCOPE OF WORK:

- NEW FACILITY MAJOR REMODEL MINOR REMODEL CONSULTATION MOBILE BODY ART FACILITY

IF OUTSIDE CITY LIMITS:

- SOURCE OF WATER: WELL WATER COMPANY WATER COMPANY NAME
WASTE WATER DISPOSAL: SEPTIC TANK SEWER SYSTEM

RESTROOM

- PART OF FACILITY AVAILABLE AT ALL TIMES & WITHIN 50 FEET NOT AVAILABLE
NUMBER OF SINKS HARD-PLUMBED WITH HOT AND COLD RUNNING WATER NOT AVAILABLE

APPROXIMATE COMPLETION DATE (PENDING APPROVAL OF PLANS*)

INCLUDED WITH PLANS

- ONE SET OF COMPLETE, EASILY READABLE PLANS DRAWN TO SCALE (MINIMUM OF 1/4" PER FOOT)
TWO ADDITIONAL SETS WILL BE REQUIRED PRIOR TO FINAL PLAN APPROVAL
A COPY OF THE FACILITY'S INFECTION PREVENTION CONTROL PLAN, AS REQUIRED BY SECTION 119313
APPLICATION FEE

PLEASE NOTE:

- ADDITIONAL PERMITS (FOR EXAMPLE - ELECTRICAL INSTALLATION, LAND USE CLEARANCE, GRADING) MAY ALSO BE REQUIRED FROM OTHER AGENCIES.
ALLOW 20 WORKING DAYS FOR THE INITIAL PLAN REVIEW

*CONSTRUCTION MAY NOT BEGIN UNTIL PLANS ARE APPROVED IN WRITING BY THIS DEPARTMENT
*HEALTH DEPARTMENT APPROVAL EXPIRES IN ONE YEAR IF CONSTRUCTION HAS NOT BEGUN BY THAT TIME

BUSINESS NAME (DBA)

PRIOR BUSINESS NAME (IF APPLICABLE)

FACILITY SITE ADDRESS STREET CITY ZIP

OWNER NAME(S)

OWNER MAILING ADDRESS STREET CITY STATE ZIP

OWNER EMAIL BUSINESS EMAIL

OWNER PHONE

NAME OF CONTACT PERSON OR ARCHITECT/CONTRACTOR

ARCHITECT/CONTRACTOR MAILING ADDRESS STREET CITY STATE ZIP

ARCHITECT/CONTRACTOR EMAIL

ARCHITECT/CONTRACTOR PHONE

FOR OFFICE USE ONLY

DATE RECEIVED RECEIVED BY ASSIGNED TO ENTERED BY ENTERED DATE
PE AMOUNT DUE AMOUNT PAID CHECK OR CC AUTH #
NONPROFIT TAX ID #
PR # SR# FA# INVOICE #
INSPECTOR APPROVED DATE