



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

**BODY ART FACILITY
PLAN REVIEW APPLICATION**

APPLICATION INFORMATION

TYPE OF CONSTRUCTION
 New Facility Remodel
If remodel, please explain:

All applications must include the following:
 Drawn plans of the facility
 Plan check fee

FACILITY INFORMATION

APPLICANT INFORMATION	Owner Name		
	Billing Address		
	City	State	Zip Code
	Cell Phone	E-mail	

BUSINESS INFORMATION	Facility Name		
	Facility Address		
	City	State	Zip Code

CHECK ALL PROCEDURES TO BE OFFERED:

Tattooing Body Piercing Permanent Cosmetics Branding

PROVIDE THE FOLLOWING INFORMATION REGARDING THE PROPOSED FACILITY:

1. What is the maximum number of practitioners per shift:	
2. Will you be using only single use pre-sterilized instruments? If no, will you have on-site sanitization, such as an autoclave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. List all non-body art services offered at this location if any (for example, hair, nails, lashes, etc.):	

I certify that I have read the entire application and state that all information is correct. I also understand that no inspection of my establishment will be conducted, or approval granted to operate, until all proper information requested has been received and plans have been approved and returned.

Applicant's Signature: _____ Date: _____

Submit completed application and plans with payment to your local Environmental Health office.

OFFICE USE ONLY

PAYMENT INFORMATION	
Date	
REHS Verification	
Fee	
Receipt/Transaction #	
Check #	
Credit Card Approval #	
Approved by	
District #	
Area #	

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org