



DEPARTMENT OF ENVIRONMENTAL RESOURCES

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BODY ART FACILITY PLAN CHECK APPLICATION

Please make sure the writing is as clear as possible. An illegible application will result in a delay or denial of a permit.

PREPAYMENT REQUIRED

ANY UNUSED, PRE-PAID PLAN REVIEW FEE WILL BE APPLIED TOWARDS THE ON-SITE CONSTRUCTION FEES.

PLANS MUST BE PICKED UP FROM THIS DEPARTMENT UPON APPROVAL/DENIAL. ANY PLANS NOT PICKED UP AFTER 6 MONTHS FROM THE DATE SUBMITTED WILL BE DISCARDED.

TYPE OF BODY ART FACILITY (CHECK ALL THAT APPLY): **MOBILE FACILITY**
 TATTOOING **BRANDING** **BODY PIERCING** **PERMANENT COSMETICS** **EAR PIERCING**

PROPOSED BODY ART FACILITY INFORMATION

Facility Name : _____

Facility Address : _____

City : _____ State : _____ Zip : _____

Phone : _____ Alt. Phone Number : _____

E-mail/Fax : _____

OWNER INFORMATION CONTACT PERSON

Owner Name : _____

Phone : _____ E-mail/Fax : _____

Mailing Address : _____

City : _____ State : _____ Zip : _____

CONTRACTOR INFORMATION CONTACT PERSON

Contractor Name : _____

Address : _____ E-mail/Fax : _____

Phone : _____ E-mail/Fax : _____

City : _____ State : _____ Zip : _____

BILLING INFORMATION

Name : _____

Mailing Address : _____ E-mail/Fax : _____

Phone : _____ E-mail/Fax : _____

City : _____ State : _____ Zip : _____

For Official Use

PAID \$	CASH / CHECK / CREDIT CARD / ATM
DATE PAID	RECEIPT #
APPROVAL #	RECEIVED BY

Original- Accounting Yellow- Attach to plans Pink- Customer