



File # EH- _____

Department of
Resource Management
675 Texas Street, Suite 5500
FAIRFIELD, CALIFORNIA 94533-6341
www.solanocounty.com
707-784-6765

Body Art Facility Plan Application

New Remodel

Name of Facility _____ Phone Number _____

Facility Address _____

Facility Owner _____ Phone Number _____

Owner Mailing Address _____ Email _____

This plan submittal includes the following:

- A copy of the body art facility's Infection Prevention and Control Plan
- Map of floor plan drawn to scale. Detailing waiting area, front counter area, procedure area, decontamination and sterilization room with the autoclave machine and ultrasonic machine, if applicable.
- Equipment checklist (chairs, tables, storage cabinets) and manufacturer's specification sheets for the autoclave and ultrasonic machine, if applicable.
- Plumbing layout showing the location of all handsinks and hot and cold water lines.
- Finish schedule that indicates the type of material, color, and the surface finish for the floors, base coving, walls, and ceilings in the restroom, procedure, decontamination & sterilization areas.
- Name & address of company that removes & disposes of all sharps waste.

Construction shall not begin until appropriate approvals are obtained from the Solano County Department of Resource Management and other applicable local enforcement agencies.

I understand that failure to submit any of the above required information may delay the processing of these plans.

Signed: _____ Date: _____

Plan Check Fee: _____ Paid ___ yes ___ no Receipt # _____

E.H. Specialist: _____ Date Received: _____ Date Approved: _____