



# SUTTER COUNTY

## DEVELOPMENT SERVICES DEPARTMENT

Building Inspection  
Code Enforcement

Engineering/Water Resources  
Environmental Health

Planning  
Road Maintenance

### APPLICATION FOR BODY ART FACILITY PLAN CHECK

- Tattoo     
  Microblading     
  Body Piercing     
  Branding

DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

FACILITY PHONE NUMBER: \_\_\_\_\_

FORMER DBA (if remodel): \_\_\_\_\_

DESCRIBE REMODEL AREA (if remodel): \_\_\_\_\_

\_\_\_\_\_

WATER SOURCE:       Private well       Community Water

SEWAGE DISPOSAL:       Septic System       Public Sewer

PLAN SUBMITTEE: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ESTABLISHMENT OWNER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

OWNER TELEPHONE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Payment Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

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