



BODY ART FACILITY PLAN REVIEW APPLICATION

SR Number: (To be filled out by Environmental Health)

Name of Business: Phone No.

Facility Address: (Street, City, Zip)

Facility Owner Name: Phone No.

Facility square footage: Number of stations or procedure areas:

Indicate the services the facility will be providing:

- Tattooing Permanent Cosmetics Body Piercing Branding Mobile Body Art

CONTACT FOR PLANS:

Name: Phone No.

Email: Fax No.

BILLING INFORMATION:

Name: Phone No.

Address: (Street, City, Zip)

OFFICE USE ONLY

Table with 4 columns: Plan Type, PE, FEE, TOWN / CITY PLANS. Rows include New Body Art Facility Plan Check and Time Spent Over Base Deposit.

NEVADA COUNTY EH / PLANNING DEPARTMENTS

FA # SR # Verified By: Date Paid:

PR # Home Oc # Total Fee \$ Receipt #

Plan Approved By: REHS Date:

PLAN REVIEW CHECKLIST

This is to be used for your reference. All checked items must be included in Plans, either in design or notes.

This checklist will help you prepare the plan submission for your body art facility. **Ensure that the items listed below are clearly shown on the plans.** Two (2) identical sets of plans are required to be submitted to this Department along with an Agreement to Pay form and a plan check fee. Plans must include a floor plan of the layout drawn to scale. Indicate on the plans the scale that was used to draw the plans, e.g. ¼" = 1 ft.

✓ Check the following items as you include them on the plans.

_____ **Location:** Indicate the name and address of the facility.

_____ **Owner:** Indicate the name and contact number of the owner.

_____ **Rooms:** Identify all rooms in the facility, including procedure rooms, decontamination room (if applicable), janitorial room, restroom, storage room, etc.

_____ **Finish Schedule:** List the finish materials for the floors, walls and ceilings in the procedure rooms, decontamination room (if applicable), janitorial room, restroom and storage room.

ROOM / AREA	FLOOR	COUNTERS/ CABINETS	WALLS	REMARKS
PROCEDURE AREA				
DECONTAMINATION ROOM				
RESTROOM				
WAITING ROOM				
BREAK ROOM				
JANITORIAL				

_____ **Water Heater:** State the make, model number and the location of the hot water heater. Provide the specification sheet for the hot water heater.

_____ **Hand Sink:** Indicate the location of the hand sink (sinks shall be permanently plumbed). There shall be a hand sink inside each procedure area, restroom and decontamination room. A hand sink may be shared by two practitioners as long as it is accessible to both practitioners with no obstacles obstructing its path. Provide locations of hands free soap and paper towel dispenser for all hand sinks.

_____ **Equipment:** Show the locations of all procedure room chairs, tables, counters, supply cabinets, tool boxes, Mayo stands, etc. List the finish schedule for all the equipment used in the procedure room.

_____ **Mop Sink or Cleaning Method:** Show the location of the mop sink or provide a standard operating procedure for the proposed method to sanitize the floor. Ensure that the mop sink faucet has an atmospheric vacuum breaker, as required.

_____ **Sharps Container:** Show the location of the bio-hazard sharps containers.

_____ **Trash Cans:** Show the location of the trash cans, with lids, in the procedure area.

- _____ **Decontamination Room or Disposable Equipment:** Show the location of the decontamination room if using multi-use equipment or indicate that only disposable equipment will be used. Decontamination rooms must have a dirty side and a clean side; they must also have a stainless steel wash sink with hot and cold running water. Indicate the size of the sink (minimum 18" x 18" x 10"). A steam autoclave is also required for a clean room.
- _____ **Separation:** The plans must demonstrate that the waiting area is separate from the procedure area. The procedure area must also be separated (by a floor to ceiling wall) from any hair and nail grooming activities.
- _____ **Privacy Screening:** Indicate the method and materials that will provide privacy for customers when performing discretionary tattoos or piercings (e.g. vinyl screens, painted drywall, etc).
- _____ **Spore Testing:** Spore test result showing the autoclave to be used is operational. Spore test must be recent (less than 30 days old) and sampled according to manufacturer's recommendation. Provide a copy of the service agreement with the testing company and a copy of the log to record results.
- _____ **Specification Sheets:** Provide a copy of the specification sheets for all equipment being used at the facility. Provide the Certificate of Sterilization for disposable tools and needles.
- _____ **Sharps:** Provide a copy of the bio-medical waste company disposal contract or mail-back service contract.
- _____ **Infection Prevention Control Plan (IPCP):** Provide a copy of the IPCP.
- _____ **Client Forms:** Provide a copy of the medical questionnaire, consent form and aftercare instructions.
- _____ **Logs:** In addition to any logs listed above, provide a copy of the facilities sterilization log, training log, and single use disposable equipment log.
- _____ **Zoning:** Provide proof of compliance with local business and zoning requirements.
- _____ **Practitioners:** Provide a list of all practitioners of the facility.

Instructions after your plans are approved:

Once the plans are approved, equipment may be purchased and construction may begin. When construction is complete, contact this Department to schedule the final construction of the facility. Ensure to have soap and paper towels stocked in the dispensers and adequate hot and cold water in the facility. All equipment and supplies, including autoclave, should be ready and available for inspection. Once the facility passes the final construction inspection the following shall be submitted:

- Apply for a Body Art Facility Certificate of Operation and pay all applicable fees
- All practitioners shall apply to be registered as a Body Art Practitioner, pay applicable fees and receive approval from this Department prior to operating in the facility.



AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This Agreement To Pay form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at http://www.mynevadacounty.com

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

Table with 2 columns: Site Information and Invoices and/or notices to be mailed to. Rows include APN, Property Owner/Business Name, Address, Telephone, and Email.

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project:

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

Printed Name: _____ Dated: _____ CDL# _____
Signature: _____

THIS SECTION FOR OFFICE USE ONLY

Form with two rows for office use only. Each row includes fields for Service, Amount, Check #, Program, Receipt #, Job No, and Date of Receipt.