PLAN CHECK SERVICE REQUEST
BODY ART
ENVIRONMENTAL HEALTH DIVISION
5050 Commerce Drive, Baldwin Park, CA 91706-1423
www.publichealth.lacounty.gov/eh
BODY ART PROGRAM (626) 430- 5570

☐ **NEW/REMODEL Facility**
☐ **Change of Ownership**

One (1) set of plans required for Plan Check - *Incomplete applications will not be processed*	
DATE OF REQUEST:	**NAME AND TITLE OF PERSON SUBMITTING:**
PHONE #:	**E-MAIL ADDRESS:**

FACILITY	**NAME:**	**PHONE #:**	**E-MAIL ADDRESS:**	
	ADDRESS:	**CITY:**	**STATE:**	**ZIP:**

BUSINESS OWNER	**NAME:**	**PHONE #:**	**E-MAIL ADDRESS:**	
	CORPORATION NAME:			
	ADDRESS:	**CITY:**	**STATE:**	**ZIP:**

TYPE OF BODY ART FACILITY - *Check all that apply*

☐ TATTOOING ☐ PERMANENT COSMETICS ☐ PIERCING ☐ BRANDING

BODY ART FACILITY SIZE	**BODY ART EQUIPMENT STERILIZATION METHOD**	**INFECTION PREVENTION CONTROL PLAN**
☐ 1 to 3 Practitioner Stations ☐ 4 or More Practitioner Stations	☐ Sterilization completed onsite ☐ Facility uses pre-sterilized equipment only	☐ Yes ☐ No

PLAN CHECK BODY ART FACILITY or MOBILE BODY ART FACILITY

☐ Tattooing, Piercing & Branding	**$568.00**	☐ Remodel	**$343.00**
☐ Permanent Cosmetics	**$343.00**	☐ Mobile Body Art Facility	**$568.00**

CHANGE OF OWNERSHIP *(facilities closed for more than 90 days will require a new plan check)*

☐ Site Evaluation **$167.00/hourly** *(additional time will be billed for corrective action evaluation)*

Make check payable to ***County of Los Angeles****. Fee paid is* ***non-refundable****.*	**TOTAL DUE:**

PLAN CHECK SUBMISSION REQUIREMENTS

- Plans shall be easily readable and drawn to scale.
- Site plan showing the property and where the business is located on the property. Also include any common restrooms or janitorial areas that are shared with other businesses.
- Complete floor plan with layout of procedure areas, decontamination and sterilization area, sinks, counters, restrooms, storage areas, equipment, and reception areas.
- Finish schedule for floors, walls, and ceilings that indicate the type of material, surface finish, and color.
- Equipment schedule and equipment layout: listing type, material, quantity, dimensions, equipment make and model number.
- Identify location of water heater. Specify the size and rating.
- Completed Infection Prevention Control Plan which provides detailed operational procedures.
- Sample of the consent form, medical questionnaire, and post procedure instructions.
- Corrected plans can be resubmitted up to 6 months. After 6 months, new plans will be required along with payment for new plan review.
- Contact the Body Art Program at **(626) 430-5570** if you have questions.

SUBMISSION	PAYMENT
Submit plans & application online: Contact the Body Art Program at (626) 430-5570 or bodyartprogram@ph.lacounty.gov to receive a secured email. **-or-** **Submit in-person:** 5050 Commerce Drive, Baldwin Park, CA 91706	• If plans are submitted online, an invoice will be generated and emailed to you along with payment instructions. • Do not submit your payment until you have received an invoice. • Include your invoice number if paying by mail.

Pay Online:
Pay online using Credit Card (Visa, MasterCard, American Express, or Discover), Debit Card, and Electronic Check (ECheck).

Please note that there is an additional convenience fee charged for using online payment.

Pay by Mail:
Make ***Check, Cashier's Check, or Money Order*** payable to:
County of Los Angeles

Mail to:
Department of Public Health
5050 Commerce Drive
Baldwin Park, CA 91706

Pay In-Person:
Make payment in person at our Environmental Health Headquarters at **5050 Commerce Drive, Baldwin Park, CA 91706**, 8:00 am - 4:30 pm, Monday through Friday.

Acceptable forms of in-person payment include ***Cash, Check, Cashier's Check, or Money Order*** in the exact amount due.

OWNER/ REPRESENTATIVE DECLARATION:

I understand the amount of fee paid is **Non-refundable** and the application is **Non-transferable**. Services for this fee include the following: initial review to determine if plans are approved or not approved with corrections; one review of a plan resubmittal if needed; and two (2) field inspections after construction/renovation are completed. Additional fees may apply when more than two (2) plan reviews are necessary to approve the plans and when more than two (2) field inspections are necessary to approve the facility to operate.

The fee paid is based on my declaration of the business classification above. If this declaration is incorrect, I understand that the plans will not be reviewed until fee is paid in full. I also understand that plans shall be reviewed within 20 working days after receipt of payment.

Once deemed APPROVED, I understand that the plan approval is valid for twelve (12) months. If plans are NOT APPROVED, I understand that corrected plans must be resubmitted within (6) months to obtain approval. **Finally, I understand plans must be approved prior to commencing construction or installing any equipment.**

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE

CONTACT OFFICE	PAYMENT	PLAN CHECK NUMBER
	Amount Paid _____ Receipt #: _____ ☐ Cash ☐ Check # _____ Date paid: _____ Cashier's Initials: _____	**SR:** _____ **Comments:** _____ _____