



Body Art Facility Plan Check Application

Date paid: _____
 Amount: _____
 Check No. _____
 Receipt No. _____

Fees	<input type="radio"/> \$634 (New) <input type="radio"/> \$230 (Remodel)
Business	Name: _____ Location Address: _____ _____ Mailing Address: _____ _____ Telephone: _____ FAX: _____ Email: _____
Owner	Name: _____ Mailing Address: _____ _____ Telephone: _____ FAX: _____ Email: _____
Plan Preparer	Name: _____ Mailing Address: _____ _____ Telephone: _____ FAX: _____ Email: _____
Primary Contact: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Plan Preparer <input type="checkbox"/> Other (attach contact info)	
Infra-structure	Located within incorporated town/city? <input type="radio"/> Yes <input type="radio"/> No Served by city/public water system? <input type="radio"/> Yes <input type="radio"/> No Served by a city/public sewer system? <input type="radio"/> Yes <input type="radio"/> No Note: Please verify that the zoning and associated requirements, the wastewater disposal system, and the water supply are adequate for the type and size of the body art facility proposed.
I certify that the information in this application is complete and accurate and that I have been provided and have reviewed Butte County's Body Art Facility Plan Check List .	
_____ Signature	_____ Date
_____ Printed Name	