



# Body Art Facility Plan Check Application

Date paid: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Receipt No. \_\_\_\_\_

<b>Fees</b>	<input type="radio"/> <b>\$688</b> (New) <span style="margin-left: 200px;"><input type="radio"/> <b>\$249</b> (Remodel)</span>	
<b>Business</b>	Name: _____ Location Address: _____ _____ Mailing Address: _____ _____ Telephone: _____ FAX: _____ Email: _____	
<b>Owner</b>	Name: _____ Mailing Address: _____ _____ Telephone: _____ FAX: _____ Email: _____	
<b>Plan Preparer</b>	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)		
<b>Infra-structure</b>	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 <a href="#">Body Art Facility Plan Check List</a> .		
_____ Signature	_____ Date	_____ Printed Name