



# Body Art Facility Plan Check Application

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

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| <b>Fees</b>  | <input type="checkbox"/> \$611 (New) <span style="margin-left: 200px;"><input type="checkbox"/> \$222 (Remodel)</span>   |
| <b>Business</b>  | Name: _____<br>Location Address: _____<br>_____<br>Mailing Address: _____<br>_____<br>Telephone: _____ FAX: _____ Email: _____   |
| <b>Owner</b>   | Name: _____<br>Mailing Address: _____<br>_____<br>Telephone: _____ FAX: _____ Email: _____   |
| <b>Plan Preparer</b>   | Name: _____<br>Mailing Address: _____<br>_____<br>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="checkbox"/> Yes <input type="checkbox"/> No<br>Served by city/public water system? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Served by a city/public sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>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 <b><i>Body Art Facility Plan Check List</i></b> . |  |
| _____<br>Signature   | _____<br>Date  |
| _____<br>Printed Name  |  |