

## Department of

Resource Management 675 Texas Street, Suite 5500 FAIRFIELD, CALIFORNIA 94533-6341

www.solanocounty.com 707-784-6765

## **Body Art Facility Plan Application**

	$\square$ No	ew	□ Re	emodel	
Name of F	acility			Phone Number	
Facility A	ldress				
Facility O	wner			Phone Number	
Owner Ma	iling Address			Email	
<ul> <li>□ At least two sets of plans.</li> <li>□ A copy of the body art facility's proposed Infection Prevention and Control Plan</li> <li>□ Floor plan showing Waiting area, Front Counter area, Procedure area, Decontamination and Sterilization room set-up with the autoclave machine and ultrasonic machine, if applicable.</li> <li>□ Equipment checklist (chairs, tables, storage cabinets) and manufacturer's specification sheets for the autoclave and ultrasonic machine, if applicable.</li> <li>□ Plumbing layout showing the location of all handsinks and hot and cold water lines.</li> <li>□ Finish schedule that indicates the type of material, color, and the surface finish for the floors, base coving, walls, and ceilings in the restroom, procedure, decontamination &amp; sterilization areas.</li> <li>□ Name &amp; address of company that removes &amp; disposes of all sharps waste.</li> </ul>					
Construction shall not begin until appropriate approvals are obtained from the Solano County Department of Resource Management and other applicable local enforcement agencies.					
I understand that failure to submit any of the above required information may delay the processing of these plans.					
Signed: _				Date:	_
		Paidyes		Receipt #	
Signed: _	k Fee : P		no	Date:	_