

Application for Permit to Construct/Remodel Body Art Facility

Type of Construction/Remodel (Please check the appropriate box(es) below)

- New / Remodel Facility
- Mobile Facility

FOR OFFICE USE ONLY

SR _____

AR _____

Prog./Elmt: 1913

Plan Review Fees/Services

Application fee (non-refundable)\$255 [1913]

Plan Review and Inspection fees\$161 per hour

(Plan review fees include plan checking, construction evaluation and final inspection services.)

Designated Payer Information (The individual listed here will receive monthly Plan Review invoices)

Name: Last _____ First _____

Phone (____) _____ Cell: (____) _____ Fax: (____) _____

E-mail: _____

Mailing/Billing Address Care of: _____

Street/PO Box: _____ Suite/Apt: _____

City: _____ State: _____ Zip _____

Owner Information (Please Print)

Owner(s) Last: _____ First: _____

Last: _____ First: _____

Phone (____) _____ Cell: (____) _____ FAX (____) _____

E-mail: _____

Mailing/Billing Address: Care of _____

Street/PO Box: _____ Suite: _____

City: _____ State: _____ ZIP: _____

Name of Corporation or Limited Liability Company: _____

Facility Information (Please Print)

Business name (DBA) _____

Previous establishment name (if applicable) _____

Business address _____ Suite _____

City _____ State CA Zip _____

Business Phone (____) _____ Fax (____) _____

Plan Check Information

Name of contractor/contact person _____ Title _____
Contractor business name (DBA) _____
Contractor business address _____ City _____ State ____ Zip _____
Phone (____) _____ Fax (____) _____
Email: _____

Restroom: Part of Facility Available at all times & within 50' Not Available
Number of interior sinks hard-plumbed with hot & cold running water _____ Not available

Construction Approval

When signed by the Environmental Health Specialist, this application shall be deemed a Permit to Construct for the work described. Do not begin construction until plans have been approved by Environmental Health Services. Please note additional permits (e.g., building permit, zoning clearance, business license) may also be required from other agencies. THIS PERMIT TO CONSTRUCT SHALL EXPIRE upon completion of the task authorized or one year from date of submittal, whichever comes first. No changes from the approved plans are permitted without prior written approval by Environmental Health Services. Allow 20 business days for the initial review of plans.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I agree to comply with all county ordinances and state laws relating to building, development and construction. I hereby authorize representatives of Santa Barbara County to enter the premises for the purpose of inspecting the work described herein for compliance with county requirements.

REQUIRED INSPECTIONS / FINAL CLEARANCE: An inspection must be scheduled directly with the approving Environmental Health Specialist at least two (2) days in advance for final construction inspection.

Print Name _____ **Title:** _____
Signature: _____ **Date:** _____

APPLICATION DISPOSITION: Approved Denied

Signed _____ **Date:** _____
Environmental Health Specialist

FOR DEPARTMENT USE ONLY

Application Fee: Rec'd By: _____ Date Rec'd: _____ Amount Rec'd: \$ _____
Check No.: _____ Receipt No: _____

PLAN REVIEW RECORD

Date plans received: Date _____ By _____ Date _____ By _____

Notes: _____

Building and Safety Division Notification: Initials: _____ **Date:** _____

Final construction approved by: _____ Date _____

Final Clearance by: _____ Date _____