

**County of Santa Clara  
 Department of Environmental Health  
 Hazardous Materials Compliance Division  
 Solid Waste Programs**



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**Body Art Plan Check Application Form**

**Facility Type:**  New Construction of BA Facility (PE 4740) - Was never a Body Art Facility  
 Tenant Improvement to BA Facility (PE 4745) - Updating/Upgrading a previous Body Art Facility

**Project Name** \_\_\_\_\_  
**Current Facility Name (if any)** \_\_\_\_\_

Street Number	Direction	Street Name	Street Type	Ste #
_____	_____	_____	_____	_____

**Cross Street** \_\_\_\_\_  
**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Contact Person (Designer/Architect/Contractor)** \_\_\_\_\_  
**Business Name (if any)** \_\_\_\_\_  
**E-mail Address** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Owner of Body Art Facility** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Fax#** \_\_\_\_\_  
**E-mail Address** \_\_\_\_\_

**\*\* Office Use Only \*\***

**Comments -**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Owner ID** \_\_\_\_\_ **Facility ID** \_\_\_\_\_ **Specialist Name** \_\_\_\_\_

Name	Date
Received By _____	_____
Assigned To _____	_____

**Amount Paid** \_\_\_\_\_ **Check Number** \_\_\_\_\_  
**Account ID#** \_\_\_\_\_ **Invoice #** \_\_\_\_\_  
**Plan Check SR #:** \_\_\_\_\_ **Program Element:** \_\_\_\_\_