



Plan Review and Construction Permit Application for a Body Art Establishment

Submit the completed application, fee and two sets of plans and specifications to the above address. No construction shall commence without approved plans and a valid construction permit issued by Shiawassee County Health Department.

1. Establishment Name _____

Address _____

Business Street Address City State Township Zip

2. Type of construction: New Modification of Existing Facility

3. Ownership: Individual Partnership Corporation
 Other (specify) _____

4. Owner's Name _____ Phone _____

(All correspondence mailed to)

Address _____

Number & Street City State Zip

5. General Contractor _____ Phone _____

Name & Title

Address _____

Number & Street City State Zip

6. Water Type: Private Municipal Sewage Disposal: Sanitary Sewer Septic System

7. Square Footage of Establishment _____ X _____ = _____ ft.

8. I hereby certify that all information provided in this application is true and complete.

Signature _____ Date _____

Owner or Designated Representative

Application/Plans: Approved Disapproved

This permit shall expire one (1) year from date of issuance and is subject to any and all conditions specified in writing by this department. The owner is responsible to obtain all other applicable permits and/or approvals. An opening inspection must be requested by the applicant and conducted by this department prior to final approval. Operation of the establishment is contingent upon the issuance of license by the Shiawassee County Health Department.

Health Department Representative

Date

Environmental Health Division