

PLAN NO. _____

SHIAWASSEE COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Surbeck Building 201 N. Shiawassee Street

CORUNNA, MICHIGAN 48817

PHONE: (989) 743-2390 FAX: (989) 743-2413

Web Address: <http://health.shiawassee.net>

GEORGE J. PICHETTE, J.D.

Director/Health Officer

DENNIS CHERNIN, M.D., M.P.H.

Medical Director

GENE PAEZ, R.S., M.P.H.

Director of Environmental Health

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 the Shiawassee County Health Department.

1. Establishment Name _____ (doing business as)

Address _____ in _____ city _____ village _____ township _____

2. Type of construction: _____ New _____ Modification of Existing Facility

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

4. Owner's Name (all correspondence mailed to) _____ Phone _____

Address _____ (Number & Street) _____ (City) _____ (State) _____ (zip)

5. General Contractor _____ (name and title) Phone _____

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 Date _____

This permit shall expire 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 a license by the Shiawassee County Health Department.

Health Department Representative _____

Expiration Date _____