



CALVERT COUNTY HEALTH DEPARTMENT TATTOO/PIERCING FACILITY PLAN REVIEW SUBMISSION FORM  
150 Main Street, PO Box 980, Prince Frederick, MD 20678 410-535-3922 · Fax 410-535-5252 Maryland  
Relay Service 1-800-735-2258 · Web Site: [www.calverthealth.org](http://www.calverthealth.org)

**FEE FOR REVIEW: \$200.00**

DATE: \_\_\_\_\_  NEW BUILD  REMODEL  ADDITION

NAME OF ESTABLISHMENT: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ OWNER'S CONTACT #: \_\_\_\_\_

OWNER'S MAILING ADDRESS: \_\_\_\_\_

DAYS AND HOURS OF OPERATION: \_\_\_\_\_

# OF ARTISTS: \_\_\_\_\_ # OF PIERCERS: \_\_\_\_\_

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**CHECK ALL ITEMS PROVIDED FOR REVIEW (NEW BUILD REQUIRES ALL ITEMS TO BE PROVIDED):**

- OPERATING PERMIT APPLICATION  FLOOR PLAN (DRAWN TO SCALE AND DEPICTING LOCATION OF ALL EQUIPMENT AND WORK STATIONS)
- FINISH SCHEDULE  EQUIPMENT SPECIFICATION SHEETS (INCLUDING WORK STATIONS, AUTOCLAVE, SINKS, ETC)
- ARTIST INFORMATION & CERTIFICATION (PHOTO IDs/FIRST AID/BBP/MEDICAL)  TYPE OF LIGHTING
- SANITIZER & SKIN CLEANSER INFORMATION  AFTER CARE AND CONSENT FORMS

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**OFFICIAL USE ONLY**

- PLAN REVIEW APPROVED BY WATER & SEWER DATE: \_\_\_\_\_
- APPROVED BY COMMUNITY PROTECTION PROGRAM DATE: \_\_\_\_\_
- DENIED BY COMMUNITY PROTECTION PROGRAM DATE: \_\_\_\_\_

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SIGNATURE OF APPROVING AUTHORITY

FEE PAID:  \$200.00  CHECK # \_\_\_\_\_  CREDIT CARD  CASH