



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

FEE FOR REVIEW: Please see fee schedule

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: _____

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

OFFICIAL USE ONLY

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

SIGNATURE OF APPROVING AUTHORITY

FEE PAID: \$ CHECK # _____ CREDIT CARD CASH