

Department of Resource Management

675 Texas Street, Suite 5500 FAIRFIELD, CALIFORNIA 94533-6341 www.solanocounty.com 707-784-6765

Body Art Mobile Plan Submittal Application

\square New	☐ Remodel	☐ Minor Alteration
Scope of Work:		
Name of Facility		Phone Number
Facility Address		
Facility Owner		Phone Number
Owner Mailing Address		
Contact (architect/agent)		Phone Number
 □ Certification by the Calif. □ A fixed handwash sink (9 containerized liquid soap touchless dispenser. □ A pressurized supply of a □ A waste water tank at a m sheet) □ Finished schedule that ind coving, walls, and ceiling □ Name & address of comp □ Acknowledge use of only 	and single-use paper towels that least five gallons of potable wininimum of 1.5 times the size of dicates the type of material, column of the graph of the paper of the graph	ity Development (HCD) 5-inches deep) in the procedure area with at are dispensed from a wall-mounted, vater (submit specification sheet) of the potable water tank (submit specification or, and the surface finish for the floors, base f all sharps waste
Construction shall not begin unti Management and other applicab		ed from the Solano County Department of Resource
I understand that failure to subn	nit any of the above required inform	mation may delay the processing of these plans.
Signed:	Da	te:
Plan Check Fee \$ E.H. Specialist:		Receipt # Date Approved: