Jackson County Health Department
Creating Healthy Communities

ENVIRONMENTAL HEALTH
1715 Lansing Avenue
Jackson, MI 49202
Phone: 517-788-4433
Fax: 517-788-4616
Email: ehealth@mijackson.org
www.mijackson.org/HD

Body Art Facility Plan Review Application

Name of Establishment		
Address of Establishment		
City	**State**	**Zip**

Name of Owner		
Address of Owner		
City	**State**	**Zip**
Phone	**Email**	

Types of Services to be offered:

- ☐ **Tattooing**
- ☐ **Semi-Permanent/Permanent Make-Up**
- ☐ **Piercing**
- ☐ **Branding**
- ☐ **Scarification**

For reviewing agency use only:

Fee $: _____ Check #: _____
Date: _____ Receipt #: _____

Remarks:_____

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Body Art Facility Plan Review

Realizing that time is of the essence during construction or renovation; the following items are *required* when submitting plans for review by this office. Plan review cannot begin until a complete set of plans, application, and plan review fee are received. Please utilize this list as a guide in order to expedite your project.

Complete Plans Verification

___ **I have read and understand the licensing requirements for body art/body piercing facilities set forth by the Michigan Department of Health and Human Services found at:** https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Body-Art/Body-Art-Facilities-Rules.pdf?rev=62bd-b6c9c50443c1ad2a6098b6c64d01&hash=8516DBF0B049E671D70CDF9E20A79F84
___ **Application Form**
___ **Plan Review Fee - New Facility: $202 Remodel: 161**
___ **Room Finish Schedule**: what type of finish material will be used for the floors, walls and ceilings in the waiting area, procedure room, cleaning & sterilization room and bathroom
___ **Scaled Floor Plan**: Waiting area, procedure area, sterilization area, bathroom, and location of all hand sinks in procedure area(s)
___ **Copy of consent form**
___ **Copy of aftercare form**
___ **Documentation on Registration as a Medical Waste Generator with the Michigan Department of Environmental Quality.** This can be done at: https://www.michigan.gov/egle/maps-data/mienviroportal/medical-waste
___ **I have read and understand MIOSHA Bloodborne Infectious Disease Rules and the Body Art Industry Document found at:** https://www.michigan.gov/-/media/Project/Websites/lara/healthsystemslicensing/Folder2/BID_Rules_for_Body_Art.pdf?rev=b3a2c3473dec4c0ebf6831a6cb30d053
___**Copy of bloodborne pathogen training certificate**

Signed_____ Date_____