

**Alexander County Health Department
Application for Plan Review of a Tattooing Facility**

Alexander County Environmental Health
151 West Main Ave. Suite # 6 Taylorsville 28681
(828) 632-1000 ext.# 2

Fee _____

Receipt _____

Date _____

Received by _____

1. Date of Application: _____

2. Applicant for Plan Review of a Tattoo Facility Information:

Name: First _____ Last _____ MI _____

Mailing Address: _____

City: _____ State _____ Zip code _____

Telephone Number: (____) _____

3. Proposed Tattoo Establishment Information:

Proposed Name of Establishment: _____

Street Address: _____

Proposed Business Hours: _____

Proposed Number of Tattoo Artists in Establishment: _____

4. Anticipated Date to Begin Tattooing: _____

5. Applicant's Signature: _____ Date: _____

INFORMATION REQUIRED

Please provide a drawing to scale showing the location of all equipment, walls/divider placement, hand sinks, bathrooms and floor, wall and ceiling finishes.

After we have received the application along with the scaled drawing, we can set an appointment time to meet you at the facility and do a walkthrough of the facility with you.