

Environmental Health Services Division 645 Parfet Street, Lakewood, CO 80215
(303) 232-6301 FAX (303) 271-5760 jeffco.us/public-health

BODY ART ESTABLISHMENT PLAN REVIEW – REMODEL
Instructions and Application Form

USE THIS PACKET TO HAVE YOUR PLANS REVIEWED BY JEFFERSON COUNTY PUBLIC HEALTH (JCPH) FOR REMODELING AN EXISTING ESTABLISHMENT.

***** PLANS FOR REMODEL MUST BE SUBMITTED PRIOR TO CONSTRUCTION *****

Examples of “extensively remodeled” is defined as, but not limited to:

- Alterations requiring a building permit by local authorities
- Addition of and/or relocation of procedure areas
- Addition of a sterilizer/autoclave requiring a cleaning room

INSTRUCTIONS

Please follow all instructions in the plan review application. An **incomplete** application will delay the inspection and approval processes.

PLAN REVIEW FEES (payable to Jefferson County Treasurer)

Application Fee (payable at time of application)	\$100.00
Plan Review and Inspection Fees (payable prior to issuing license)	\$75.00 per hour

PROCESSING TIME

Allow 30 business days for review. An incomplete application will delay this process.

The primary contact person will be notified when the review is complete, and an on-site review of the establishment will be scheduled.

JCPH CONTACTS

Kelly McGregor 303 271-5766 kmcgrego@jeffco.us	Vi Nguyen 303 271-5743 vnnguyen@jeffco.us
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Application Date: _____

I. PLAN REVIEW INFORMATION

Purpose of Plan Review / Work Proposed

List Any Changes That Will Be Made to the Establishment:

Establishment Information

Establishment Type: Permanent Fixed Building Mobile Unit

Current Establishment Name:

New Establishment Name, if applicable:

Street Address:

City, State & Zip:

Email:

Phone:

Cell:

Fax:

Individual(s) Requesting Site Evaluation

Name:

Primary Contact Name:

Primary Mailing Address:

City, State & Zip:

Primary Email:

Phone:

Cell:

II. UTILITY SINK

If applicable and if the establishment doesn't already have a utility/mop sink, a conveniently located utility sink OR a curbed cleaning facility with hot and cold running water from mixing faucet, USED for the cleaning of mops or similar wet floor cleaning materials, and for the disposal of mop water or similar liquids wastes.

III. FLOOR PLAN / EQUIPMENT LAYOUT

Attach to this application a floor plan of all equipment and areas, drawn to scale, including the following:

- Any doors, walls, or curtains used to separate areas/rooms
- Lobby/waiting area(s) and restroom(s)
- Station(s) / Procedure Area(s)
- All hand sinks in each procedure area and restroom
- Fish aquariums and service animal areas
- Instrument cleaning room, if applicable
- Sterilizer / autoclave, if applicable
- Instrument cleaning sink, instrument disinfectant soaking area, and areas for wrapping/packaging equipment and for handling and storage of sterilized equipment
- Utility / mop sink
- Chemical storage and refuse/waste containers

***** An incomplete application will delay the inspection and approval processes. *****

IV. APPLICATION TERMS and CONDITIONS

In applying for this body art establishment plan review, I hereby authorize the health officer and/or their representative to determine compliance with the ***Jefferson County Public Health Rules and Regulations Governing Body Art Establishments in Jefferson County, Colorado*** for the purpose of remodeling a body art establishment.

I further acknowledge that false or misleading information on this application may be cause to revoke the approval issued for the proposed body art establishment.

OWNER / APPLICANT

DATE