



Our Mission

Prevent. Promote. Protect. Public Health is our Passion!

Public Health
Prevent. Promote. Protect.
Zanesville-Muskingum County

TATTOO/BODY PIERCING PLAN REVIEW APPLICATION

Please Note: Application Fee of \$250 is non-refundable – Due with Submission of Plan Review

Category: ☐ Tattooing Services ☐ Body Piercing Services ☐ Combined Body Art Services ☐ Time-Limited

Name of Establishment: _____

Address: _____

Phone # (if available): _____

Name of Owner: _____

Mailing Address: _____

Phone #: _____

Applicant's Name: _____

Title (owner, manager, architect, etc): _____

Mailing Address: _____

Phone #: _____

E-mail: _____

I have submitted plans/applications to the following authorities on the following dates:

☐ Mid-East Ohio Building Department/City of Zanesville Building Department _____

☐ Zoning (Local) _____ ☐ EPA – Water/Sewage _____ ☐ Plumbing _____

☐ Certificate of Occupancy (*Provided to Health Department*) _____

Approval or exemption notice is required for all above authorities prior to approval to operate.

Hours of Operation:

☐ Monday: _____ ☐ Thursday: _____

☐ Tuesday: _____ ☐ Friday: _____

☐ Wednesday: _____ ☐ Saturday: _____

☐ Sunday: _____

Total Square Feet of Facility: _____ (100 sq. ft. minimum)

Number of Floors on which operations are conducted: _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Please enclose the following documents:

- ☐ Required forms (Consent form, Aftercare instructions, Weekly spore test log, Record of dye colors/lot numbers, Infection Prevention Plan, Exposure Response Plan)
- ☐ Manufacturer Specification sheets for each piece of equipment shown on the plan
- ☐ Equipment List
- ☐ Plan Drawn to scale of establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- ☐ Records of completion/certifications **for each artist** in First Aid, preventing transmission of infectious diseases and blood borne pathogens.

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 8.5x11 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Show the location of all equipment. Each piece of equipment must be clearly labeled on the plan with its common name.
3. Label and locate sink(s).
4. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of tattooing/body piercing.
5. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks.
 - b. Lighting plan with protectors;
 - (1) At least 20 foot candles at a distance of 30 inches above the floor throughout the establishment.
 - (2) At least 40 foot candles at the level where the tattooing or body piercing is being performed.
 - c. Number, location and types of plumbing fixtures, including all water supply facilities.
 - d. Location of exposed overhead waste-water lines if applicable.
 - e. Cabinets for storing toxic chemicals.
 - f. Dressing rooms, locker areas, and/or employee rest areas.

Tattoo/ Piercing Supplies:

1. How will supplies be protected and stored off the floor?

2. Are containers constructed of safe materials to store products? ☐ YES ☐ NO

Indicate type: _____

3. Will sharps containers be used? ☐ YES ☐ NO

If yes, where will they be located? _____

Cleaning/ Sterilization procedures:

1. Will your facility be using instruments or jewelry that will require sterilization? ☐ YES ☐ NO

2. Will an ultrasonic type machine be used in your facility? ☐ YES ☐ NO

If YES, what disinfectant will be used in the ultrasonic machine?

3. How will work surfaces in tattoo/ piercing areas be cleaned and disinfected?

4. How will jewelry be sterilized prior to performing piercings?

Finish Schedule:

Applicant must list which materials (quarry tile, stainless steel, 4" plastic covered molding, carpet, etc.) will be used in the following areas.

	Floor	Coving/Edging	Walls	Ceiling
Tattooing areas				
Piercing areas				
Storage areas				
Equipment cleaning				
Toilet Rooms				

Insect And Rodent Control: Please check appropriate boxes.

1. Will all outside doors be self-closing and rodent proof? ☐ YES ☐ NO
2. Is area around building clear of unnecessary brush and other harborage? ☐ YES ☐ NO

Garbage and Refuse:

Inside

1. Do all containers have lids? ☐ YES ☐ NO
2. Will refuse be stored inside? ☐ YES ☐ NO
If YES, where? _____
3. Is there an area designated for garbage can or floor mat cleaning? ☐ YES ☐ NO

Outside

4. Will a dumpster be used? ☐ YES ☐ NO

Number: _____

Frequency of pickup: _____

Contractor: _____

5. Will garbage cans be stored outside? ☐ YES ☐ NO

6. Describe surface and location where dumpster/compactor/garbage cans are to be stored:

Water Supply:

1. Is water supply public or private? ☐ Public ☐ Private
2. If private, has source been approved? ☐ YES ☐ NO ☐ PENDING

****Please attach copy of written approval and/or permit.*

Sewage Disposal:

1. Is building connected to a municipal sewer? ☐ YES ☐ NO

2. If no, is private disposal system approved? ☐ YES ☐ NO ☐ PENDING

****Please attach copy of written approval and/or permit.*

Handwashing/Toilet Facilities:

1. Is there a handwashing sink in close proximity to all tattooing or body piercing areas? ☐ YES ☐ NO
2. Is hand cleanser available at all handwashing sinks? ☐ YES ☐ NO
3. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? ☐ YES ☐ NO
4. Are waste receptacles available in each restroom? ☐ YES ☐ NO
5. Are hot and cold running water under pressure available at each handwashing sink? ☐ YES ☐ NO

Date Received: _____

Received By: _____

Receipt #: _____

Payment Method: _____

Receipted By: _____

NEW TATTOO ESTABLISHMENT STEP BY STEP GUIDE TO LICENSING

- 1) Submit 2 sets of plans and plan review applications for tattoo service and plumbing to Health Department with fees for review and approval.
- 2) Depending on the location of your establishment, Zoning or City of Zanesville Code Enforcement may require consult for plan approval and construction requirements. Please contact the applicable agency for a consult.
- 3) Sewage Treatment – If on public sewer contact sewer authority for connection. If your facility will be served by an onsite sewage treatment system you will need approval from OEPA or Health Department depending on the volume of waste water generated. Consult with Health Department sewage sanitarian for assistance.
- 4) Water – If public water is not available contact the Ohio EPA approval of the water system.
- 5) Consult with government agencies for permits and installation requirements. Once permits and approvals have been obtained you can start construction.
- 6) Required Construction Inspections:
 - a. Plumbing Department – Underground inspection, Rough-in Inspection, & Final Inspection.
 - b. Building Department – Footers, Walls/Framing, Electrical & HVAC Rough In, Concrete, Insulation, Finishes, Final Inspection: Electrical, Mechanical, Structural, Hood/Fire Suppression
 - c. OEPA – water system installed, tested, and approved
 - d. OEPA or Health Department – sewage system installed and approved
 - e. Tattoo Sanitarian Inspections – Call for final inspection after you have approvals from the above

YOU CAN NOT PERFORM TATTOOING/BODY PIERCING WORK WITHOUT A LICENSE

Contact Information:

Health Department: 740-454-9741

Darlene Powell, *Administrative Assistant – Environmental* ext. 282

Jason Tilton, *Sanitarian – Tattoo Program* ext. 291

Government Contacts:

OEPA: 800-686-7330

County Water Department: 740-453-0670

County Sewer Department: 740-452-4940

Zanesville Water Department: 740-452-7111

Zanesville Sewer Department: 740-455-0641

City of Zanesville Zoning: 740-614-4879

City of Zanesville Code Enforcement: 740-617-4890

Mid-East Building Department: 740-455-7905

**Application to Conduct a Tattoo/Body Piercing
Operation: (check only one)**

- ☐ Tattooing/Body Piercing
☐ Cosmetic Tattooing

- Instructions:**
1. Complete the applicable section. (Make any corrections if necessary.)
 2. Sign and date the application.
 3. Make a check or money order payable to: ZMCHD
 4. Return check and signed application on or before January 1st to:

**Zanesville-Muskingum County Health Department
205 N 7th Street
Zanesville, OH 43701**

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing /a license. This action is governed by Ohio Revised Code 3730.

Name of Tattoo/Body Piercing Establishment:		
Name of Operator:		
Address of Establishment:		E-mail
City	State	ZIP
Name of Parent Company/Owner or Licensee:		
Address:	City:	State:
		Zip Code:
Phone #:	E-Mail:	

*Address listed under Parent Company/Owner will receive yearly Application Renewals to that address

Artists Operating at Facility :

Phone Number:

Hours of Operation:	Days of Operation:
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**I HEREBY CERTIFY THAT I AM THE OPERATOR AT THE ABOVE BUSINESS ESTABLISHMENT
AND INTEND TO COMPLY WITH ALL REQUIREMENTS ESTABLISHED BY SECTION 3730 OF THE
OHIO REVISED CODE .**

<u>Signature</u>	<u>Date</u>
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Licensors to complete below

License Fee:	Late Fee (if applicable):	Total License Fee:
\$250.00	\$0	\$250.00

Application approved for license and certified as required by Chapter 3730 of the Ohio Revised Code.

By	Date
Audit no.	License no