Habersham County Environmental Health Department

130 Jacob's Way STE 102 Clarkesville, GA 30523 Phone: 706-776-7659 Fax: 706-754-7127

Body Art Site Prior Evaluation Application

Application Date:	*Attach a copy of the current floor plan, and your proposed floor plan.
Applicant Contact Information	
Applicant Name:	
Mailing Address:	
Main Phone #:	Alternate Phone#:
Email:	
Establishment Information	
Location of Establishment (Street Address):	
Proposed (New) Name of Establishment:	
Intended Use	
	■Well Building Size Ft. by Ft.
Sewage Disposal (choose one): Public	
Septic	Septic Permit Number:
Previous Use:	
Specific Use- Attach site plan showing facility floor plan, and proposed equipment.	
Mark one: Recommend Use- Inc	dicate desired facility location- See inspector recommendations.
Proposed Operation (check all that app	ply): □Tattooing □Piercing □Cosmetic Tattooing
Inspector:	Date Inspected:
A preliminary site inspection is performed on the	pasis of information provided by the applicant, the current site conditions, and current regulations
and policies. If the information, site conditions, regulations, and/or policies, change after the date inspected, these recommendations/comments will be invalidated. The comments provided are not considered an approval or guarantee of permit issuance.	
Recommendations:	o provided and not contained an approval of gallantoe of permit locations.

It is the responsibility of the applicant to verify compliance with all regulations of other state, and/or municipality departments. (e.g. Business License, Planning and Zoning, and Building Inspection)