

Body Arts Studio Plan Review Application

The Tennessee Department Health Rules governing Body Arts Studios (both tattooing and body piercing) require that plans drawn to scale for proposed studios be submitted for review and approval to the local Health Department prior to construction/renovation/modification of the facility. Review by this Department will be delayed if this application is submitted incomplete or does not contain all supporting documentation.

Submittal Checklist:

- A floor plan showing the general layout of fixtures, lights, sinks, and work stations
- A listing of all equipment to be used for procedures; including manufacturers specifications
- Copies of consent and aftercare forms for review. Two separate consent / aftercare forms will be needed for piercing and tattooing operations
- Copy of city and/or county business licenses

Type of Construction: New Remodel

Name of Proposed Establishment: _____

Address: _____

City: _____, Tennessee Zip: _____

Establishment Phone (*if available*): (____) _____

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ Email Address: _____

Applicant (*if different from above*): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: (____) ____ - _____

Title (*owner, manager, architect, etc.*) _____

Projected start date of construction: ____/____/____ Projected completion date: ____/____/____



Please provide information on the finishes of the floors, walls, and ceilings

Water Heater Information: Tankless or Tank type: _____

a. Manufacturer and model: _____

b. Storage Capacity: _____ gallons, or Number of tankless units: _____

i. Electric water heater: _____ kilowatts (Kw)

ii. Gas water heater: _____ BTU's

Water source: _____ Public Utility _____ *Well Water (*provide results from water sample test taken

Sewage Disposal Source _____ within the last year)

Type of autoclave that will be used (required for tattoo studios that do not have a 100% sterile, disposable equipment and all body piercing studios

STATEMENT: I hereby certify that the information provided within this application is accurate and I fully understand that any deviation or variance from this application without prior written permission from the Knox County Health Department will prevent issuance of an operational permit for the establishment. I understand that this application will be returned to me if incomplete and will delay processing. I also understand that multiple inspections of the establishment may be required and that if the establishment is not in compliance with TCA 68-14-701, an operational permit will not be issued. Approval of these plans and specifications does not indicate compliance with any other code, law, or regulation that may be required (i.e., federal, state, or local).

Signature: _____ **Date:** _____

Contact 865.215.5200 with any questions or concerns regarding the plans review process. To submit plans, please choose one of the options listed below:

Mail or deliver to:

Knox County Health Department
Attn: Environmental Health
140 Dameron Ave.
Knoxville, TN 37917

Email:

environmental@knoxcounty.org

For office use only:

Date application received: _____ Approved _____ Unapproved _____ Date Operator Notified: _____

Comments if unapproved:

