



VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH
 OFFICE OF ENVIRONMENTAL HEALTH
 4452 Corporation Lane, Virginia Beach, VA 23462
 TEL. (757) 518-2700 opt. 3 FAX (757) 518-2642

APPLICATION FOR PLAN REVIEW
HAIR, NAILS, TANNING, TATTOO & BODY PIERCING ESTABLISHMENT
PLEASE ALLOW FIVE TO TEN (5-10) BUSINESS DAYS FOR PLAN REVIEW APPROVAL.

- TYPE OF OPERATION:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Owner Change | <input type="checkbox"/> Remodel |
| <input type="checkbox"/> Hair Dressing | <input type="checkbox"/> Barber | <input type="checkbox"/> Nail |
| <input type="checkbox"/> Tanning | <input type="checkbox"/> Tattoo | <input type="checkbox"/> Body Piercing |

Is this establishment located in a shopping center: Yes No Estimated Opening Date _____

If yes, name of shopping center: _____

Establishment Name: _____

Address: _____ Establishment Phone: _____

TAX ID or S.S.N: _____ DPOR License #: _____ Expiration Date: _____

Billing Address (If Different From Above) _____

ADDRESS BELOW MUST BE DIFFERENT THAN ESTABLISHMENT ADDRESS



Name of Owner/Corporation/LLC: _____

Address: _____

Phone #: _____ EMAIL: _____

- Type of Water/Sewage Supply: Well Water (PWSID # _____) City Water
 Septic System City Sewage

ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Health Department and understand that after the requested Permit is issued, the Commissioner of Health or their authorized representative(s) shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests or collect samples as required/needed. I/we further agree to accept notices issued and served by the regulatory authority. Please note that this office reserves the right to deny the application if not properly completed or facility not in compliance with the Virginia Beach ordinance.

Requirements:

Tattoo & Body Piercing

Nail, Hair & Tanning

- | | |
|---|--|
| <input type="checkbox"/> Plan Review Application | <input type="checkbox"/> Plan Review Application |
| <input type="checkbox"/> Plans | <input type="checkbox"/> Plans |
| <input type="checkbox"/> Employee list form | |
| <input type="checkbox"/> CPR Certificate | |
| <input type="checkbox"/> Blood Pathogen Certificate | |
| <input type="checkbox"/> TB | |
| <input type="checkbox"/> HEP B or HEP B Waiver | |

Name of Owner/Operator

Signature of Owner/Operator

Date

 HD USE ONLY: Permit #: _____ EHS: _____ Census Tract: _____ Rev. 6/22/2023
