



**CHESPROCOTT HEALTH DISTRICT**

1247 HIGHLAND AVENUE • CHESHIRE • CONNECTICUT

PHONE (203) 272-2761 • FAX (203) 250-9412

[www.chesprocott.org](http://www.chesprocott.org)

Maura A. Esposito RS, MPH, Director of Health

**Barbershops, Hairdressers, Cosmetology, Nail Salons Plan Review Application**

**Please fill out this form completely. The following items must be submitted with the application to be a complete submission:**

- One (1) copy of the floor plan drawn to scale. This floorplan must include locations of stations, hair sinks, handsinks, utility sinks and chemical mixing sinks. The plan should also include finish schedule for floors.
- A complete set of equipment specifications, numbered on the specification sheets to correspond with numbered on the plan. The equipment model numbers must be identified on the specification sheets.
- A copy of each State issued license as well as a copy of that individual's driver's license.
- A list of all services provided.

Our office has 7 to 10 business days to review and respond.

A \$225 review fee must be submitted with application.

Name of Establishment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town, State, Zip \_\_\_\_\_

Owner of Establishment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town, State, Zip \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town, State, Zip \_\_\_\_\_

Applicant Title (owner, architect, manager, etc.) \_\_\_\_\_

New Establishment     Conversion     Remodel of Existing Establishment     Change of Owner

Projected Start Date: \_\_\_\_\_

Projected Completion Date: \_\_\_\_\_

**Type of Business**

Barbershop     Nail Salon     Hairdressing/Cosmetology     Cosmetology Salon

**Sewage Disposal**

- Public Sewer
- Septic System

**Water Supply**

- Public Water
- Private Well

# of Chairs \_\_\_\_\_ # of Stations \_\_\_\_\_ # of Hair Sinks \_\_\_\_\_ # of Bathrooms \_\_\_\_\_

Square Footage of Facility \_\_\_\_\_ Estimated Daily Water Usage (septic only) \_\_\_\_\_

**Hours of Operation**      Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Food and Drink**

To be provided? (Specify) \_\_\_\_\_

**In-Residence Shop**

Separated from living space (Specify) \_\_\_\_\_

**Sanitizer/Disinfection**

Type \_\_\_\_\_ EPA Registration Number \_\_\_\_\_

Concentration \_\_\_\_\_

**Laundry**

In house (Washer AND Dryer required.): \_\_\_\_\_ Sanitizer used: \_\_\_\_\_

Professional Laundry Service (Provide contract) : \_\_\_\_\_

**Ventilation (Nail Salons)**

Type: \_\_\_\_\_ Location(s): \_\_\_\_\_

**Additional Notes:**

\_\_\_\_\_

**In office only:**

Revisions Needed: \_\_\_\_\_

Plan Approved: \_\_\_\_\_ Date \_\_\_\_\_ By: \_\_\_\_\_

# CHESPROCOTT HEALTH DISTRICT

1247 HIGHLAND AVENUE, CHESHIRE, CT 06410

Phone: (203) 272-2761

Fax: (203) 250-9412

Maura Esposito, R.S., M.P.H., Director of Health



## BARBERSHOP / SALON SIGN-OFF SHEET

All departments must sign off before Chesprocott Health District will issue a license. Have each Town Official sign off in the appropriate space. Return this completed form to Chesprocott Health District so license can be issued.

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Code Official (By signing this document you are acknowledging that they are in compliance)

\_\_\_\_\_  
Building Official Date

\_\_\_\_\_  
Fire Marshal Date

\_\_\_\_\_  
Planning and Zoning Official Date

\_\_\_\_\_  
Water Company (if relevant) Date  
(Cross Connection Inspection - Public Water)

