



# Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483  
T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

## Plan Review Application for Body Care Establishment

Fee: \$100 to be submitted with this application, floor plan and State of CT Licenses (if applicable).

To help ensure a timely review process, please read the Naugatuck Valley Health District Body Care Code and Technical Standards (attached).

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check appropriate box:

New facility  Renovation of existing facility (describe) \_\_\_\_\_

Contact the Building Department to obtain appropriate permits, Fire Marshal's office for final signoffs and the Planning and Zoning Department for approval (new facility only)

Anticipated Re/Opening Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Plans Prepared By: \_\_\_\_\_ Phone # \_\_\_\_\_

Plans must include a facility layout drawn to scale (1/4" = 1 foot). The drawing must include the location of workstations, hair sinks, hand sinks, chemical sinks, and a description of floors, walls, and ceilings.

TYPE OF SERVICE: Check all that apply:

- |                              |                         |
|------------------------------|-------------------------|
| _____ Hairdressing/Barbering | _____ Waxing            |
| _____ Facials                | _____ Massage           |
| _____ Tanning                | _____ Manicure/Pedicure |
| _____ Other _____            |                         |

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Incomplete applications will be returned to the applicant.

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For office use only

DATE PLANS RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLANS REVIEWED BY: \_\_\_\_\_ PLAN APPROVAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ansonia    ●    Beacon Falls    ●    Derby



Naugatuck    ●    Seymour    ●    Shelton