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