



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

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Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

Public Health
Prevent. Promote. Protect.

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.

For office use only

DATE PLANS RECEIVED: ____/____/____ PLANS REVIEWED BY: _____ PLAN APPROVAL DATE: ____/____/____