



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

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: ____/____/____

CASH CREDIT CARD CHECK# _____ RECEIPT# _____



Healthy people in a healthy Naugatuck Valley