

**HAIR AND NAIL SALON ESTABLISHMENT PLAN REVIEW
INSTRUCTIONS AND SIGN OFF SHEET****Fee: \$50.00*****(Must accompany this application)******Allow a minimum of 10 Business days for review of all submittals to the Health Department***

The plan review process consists of two parts.

PART 1 consists of the approval of the facility layout and equipment. You must contact the following Departments: Planning & Zoning (203-385-4017), Building (203-385-4010), and the Fire Marshal (203-385-4070) to find out their requirements for your establishment prior to finalizing your submission to the Health Department.

Your **PART 1** submission should include:

1. One (1) copy of the entire facility layout drawn to scale (1/4"= 1 foot). While architectural drawings are not usually required, the plans must be professional rendering.
 - The floor plan must contain the location of stations, hair sinks, mop sinks, hand sinks, and chemical sinks.
 - The plan should also contain a finish schedule for floors.
2. A complete set of equipment specifications, numbered on the specification sheets to correspond with numbers on the plan. The equipment model numbers must be identified on the specification sheets.

Proposed changes in the design layout or equipment must be approved by the Health Department **prior** to making the changes.

Incomplete applications will be returned to the applicant.

The Health Department will sign off on the Building Permit application when **PART 1** is approved.

Construction inspections for **Part 1** will be conducted by the Health Department at the following intervals:

Inspection 1: Upon completion of floors and equipment installation.

Inspection 2: Upon completion of the establishment, prior to applying for your salon license.

Appointments for inspections must be scheduled at least 3 business days in advance. The applicant can request additional site visits at any time during the construction process.

PART 2

Complete the following:

Type of application: New Establishment___ Remodel___ Change of Owner___

Owner's Name_____

Owner's Home Address_____

Owner's Phone Number _____ Cell # _____

Can your cell phone receive text messages? (circle one) YES NO

E-Mail Address_____

Manager's Name_____

Contact Phone_____

Anticipated Opening Date_____

Establishment Name_____

Establishment Address_____

Establishment Phone _____ Establishment Fax _____

Person filling out this application_____

Title_____

Sanitarian in charge of plan review_____

Date Paid_____

Date Plan approved_____ Sanitarian Signature_____