



**Housatonic Valley Health District  
Plan Review Application for Salons, Bodycare, and  
Tattoo Shops**

Applicant/Owner Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Check here if this is mailing address

Establishment Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Check here if this is mailing address

Type of Business \_\_\_\_\_  
New Business \_\_\_\_\_ Remodel \_\_\_\_\_ Change of Ownership \_\_\_\_\_  
Date of Planned Opening \_\_\_\_\_  
Hours of Operation: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SA \_\_\_\_\_ SU \_\_\_\_\_

Type of Water System: Public water \_\_\_\_\_ Private well \_\_\_\_\_  
Type of Waste Management: Public sewer \_\_\_\_\_ Septic system \_\_\_\_\_

**Application Requirements:**

1. Submit Plans Prior to Construction - include scaled floor plans showing equipment layout
2. Site plans - include design flow of existing septic system if applicable or expansion of septic system if necessary
3. Equipment specifications sheet
4. Proposed list of services
5. Submit copies of required professional licenses for **all** employees
6. Last Steps:
  - a. Complete a regular license application and include the fee - TBD
  - b. Obtain Certificate of Occupancy from the Building Department
  - c. Complete a pre-opening inspection

STATEMENT: I fully understand the requirements above. Any changes to the plans above must be re-submitted to the Housatonic Valley Health District. Changes made without notice may nullify final approval.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Office Use Only**

Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_  
Approved By \_\_\_\_\_ Date \_\_\_\_\_