



Housatonic Valley Health District

Plan Review Application for Salons, Bodycare, and Tattoo Shops

1-6 Stations: \$110

6+ Stations: \$170

Must be made payable to HVHD

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 _____

FOR DISTRICT USE ONLY:

<input type="checkbox"/> Credit Card <input type="checkbox"/> Check# _____	Date Paid _____	\$ Amount _____	Rec'd by _____
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