Housatonic Valley Health District
Plan Review Application for
Salon, Body Care, Massage Therapy, Tattoo Shop

1 Station ☐	2-6 Stations ☐	7+ Stations ☐

ALL APPLICATION/PERMIT FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

Applications can be emailed to eht@hvhdct.gov and an email will be sent to you with payment options OR mail the completed application with check to our office. You may also visit our office to complete applications and make payment.

Establishment Name: _____

Establishment Address: _____

Street Town Zip Code

Owner Name: _____
Mailing Address: _____
Email **AND** Phone #: _____

Applicant/Operator Name: _____
Email **AND** Phone #: _____

Type of Business: _____

New Establishment ☐ 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 ☐

To Be Submitted with Application, and Prior to Construction:

1. Establishment Plans - include scaled floor plans showing equipment layout and all stations/rooms
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. Cleaning and sanitization procedures
6. Copies of required professional licenses for **ALL** employees

After Approval and Construction:

1. Complete and submit a regular permit application with application fee
2. Obtain Certificate of Occupancy from the Building Department
3. Complete a pre-opening inspection

Approval will indicate compliance with CT DPH Requirements; any other permits required from Zoning, Inland Wetlands, Building Officials or others, are not ensured by this application's approval.

Signature: _____ **Date:** _____

Completed applications must be signed by property/establishment owner or duly authorized representative

FOR DISTRICT USE ONLY

Credit Card/Check_____	Date Paid: _____	Amount: _____	Rec'd by: _____

Approved: ☐ **Signed:** _____ **Date:** _____ **Plan Date:** _____

Any revisions to the approved plan MUST be resubmitted for reapproval

Comments: _____