SALON PLAN REVIEW APPLICATION

for Barbering, Hairdressing, Cosmetology, Nail, Tanning, Tattoo and Body Piercing

WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT

580 Cottage Grove Road, Suite 100 BLOOMFIELD, CT 06002 (860) 561-7900 PHONE (860) 561-7918 FAX

Plan Review Fee: \$125

NEW	REMODEL	ADDITIONAL SERVICES					
Name of Salon:							
Salon Address:							
Phone (if available):	Email:						
Name of Owner's Representative:							
Mailing Address:							
Telephone:							
Applicant's Name and Relationship to Owner (self, manager, etc.):							
Telephone:							
Please note the dates that plans have been submitted to the following agencies:							
Building Department							
Fire Marshal							
Zoning Department							

Hours of Operation

Sun	Mon	Tue	Wed_		Thu		Fri	Sat
Total Square Feet of Facility:								
Projected Date for Start of Construction:								
Projected Date for Completion of Project:								
The following documents must be included for review:								
Copies of lice	enses if applicat	ole						
Floor plan of	salon, showing	location of al	l equipm	ent and	facilitie	es		
		Carriage		(ah a alx	all 4h a4	ammler)		
Barbering		Services P	rovided	(cneck	an that	appiy)	7	
Hairdressing	_						1	
Cosmetology	Cosmetology							
Nail								
Tanning								
Tattoo	Tattoo							
Body Piercing	<u> </u>							
		Gen	eral Sani	itization	Revie	w		
Please list all disinfectants, sanitizers, and sterilization equipment used:								
	sinfectants and							
Where are cle instruments st	ean and sanitize tored:	d						
How often is cleaned and s	reusable equipr anitized:	nent						
Is there saniting hair cutting st	zing solution at	each Y	es 🗌	No 🗌		ot equired	Comments:	
Puncture proc sharps or poir	of container pronted articles?	vided for Y	es 🔲	No 🗌	l l	ot equired	Comments:	
Disinfection of Foot Spas/Water Baths								
Is an antimicr foot spa/water	obial additive a		Yes] No		Comme	nts:	
Please describ	be how foot spa			1	.			
	oe how the filter							
spas/water ba	ths are cleaned	and						
disinfected:								

Cosmetics							
Please describe how makeup brushes are sanitized between uses:							
Tanning Devices							
Disposable protective goggles available for patron use:	Yes	No _	Commer	nts:			
Sanitizing solution readily available for patron use:	Yes	No	List solu	tion used for each device:			
Towels and Linens Laundered on site: Yes No Not Comments:							
Laundered on site:	Yes	No 🗌	Not Required	Comments:			
Commercial laundry service:	Yes	No	Not Required	Name of commercial service:			
Are fresh, clean linens used with each client?	Yes	No 🗌	Not Required	Comments:			
Other							
Is there a written communicable disease policy:	Yes	No 📙	Comments	Comments:			
Please describe written communicable disease policy:							
****** STATEMENT: I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior approval from the West Hartford-Bloomfield Health District is prohibited. Signature(s)							
Owner(s) or Responsible Representative(s)							
Date:							
Approval of these plans and specifications by compliance with any other code, law or regula constitute endorsement or acceptance of the co	ition that ma	y be requir	ed – federal,	state, or local. It further does not			

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of the salon with equipment in place and operational will be necessary to determine if it complies with the

local and state laws).