

CONNECTICUT RIVER AREA HEALTH DISTRICT

455 Boston Post Road, Old Saybrook, CT 06475 Tel: (860) 661-3300 Fax: (860) 661-3333

APPLICATION FOR BODY CARE ESTABLISHMENT PLAN REVIEW

FEE: \$100.00

Check One: New Remodeled Relocated

Name of Proposed Business: _____

Address of Business: _____

Town: _____ Zip Code: _____ Phone: (____) _____

Contact Person Name: _____ Phone: (____) _____

Contact Person Address: _____

Owner Name: _____ Phone: (____) _____

Owner Address: _____

SERVICES PROPOSED: check all that apply: Barbering Cosmetology Hairdressing Skin care
 Nail Care/manicures foot care/pedicures Massage Facials Tanning
 Other(specify) _____

I hereby attest by my check and initial next to each category, that I have adequately addressed each category as part of my plan review application.

<u>Category</u>	<u>Check</u>	<u>Initial</u>
1. Water supply	_____	_____
2. Sewage Disposal new or (B100a)**	_____	_____
3. Plumbing/Sinks	_____	_____
4. Toilet/handwashing facilities	_____	_____
5. Garbage Disposal/containers	_____	_____
6. Floors/Walls/Ceilings	_____	_____
7. Lighting	_____	_____
8. Ventilation	_____	_____
9. Laundry/Storage	_____	_____
10. Utensils/Equipment Handling	_____	_____
11. Personnel, Licensed Professionals	_____	_____
12. Sanitizing/Disinfection Procedures	_____	_____
13. Floor plan, workstations, requirements	_____	_____
14. Fixed equipment spec. list	_____	_____
15. Cleaning Equipment storage/mop sink	_____	_____
16. Waiting area	_____	_____
17. Employee area	_____	_____
18. Foods and beverages	_____	_____
19. Shop in residence	_____	_____

The information provided is accurate and correct, signed:

Signature and Title _____ Date _____

Please type or print name _____

-----For office use only-----

CRAHD Approval date: Signed: Title:

Comments:

Note: Signature of CRAHD representative signifies that the plan meets local health regulation plan review requirements only. It does not imply approval from any other local agency including Zoning, Fire, or Building. You must consult with these other agencies for their respective requirements.

**B100a application must be filed separately for review/evaluation of sewage disposal capacity