

## CONNECTICUT RIVER AREA HEALTH DISTRICT

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

**APPLICATION FOR TATTOO-BODY PIERCING 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:     Tattoo     Body Piercing  
 Other(specify) \_\_\_\_\_

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

| <u>Category</u>                            | <u>Check</u> | <u>Initial</u> |
|--|--------------|----------------|
| 1. Written Zoning Approval, Water supply   | _____        | _____          |
| 2. No non-compatible activities/uses       | _____        | _____          |
| 3. Floors/Walls/Ceilings adequate          | _____        | _____          |
| 4. Spec sheets for equipment               | _____        | _____          |
| 5. Lighting                                | _____        | _____          |
| 6. Ventilation                             | _____        | _____          |
| 7. Water Supply                            | _____        | _____          |
| 8. Toilet facilities                       | _____        | _____          |
| 9. Hand washing Facilities                 | _____        | _____          |
| 10. Refuse handling, refuse containers     | _____        | _____          |
| 11. Infectious Waste Plan storage/disposal | _____        | _____          |
| 13. Pest Control                           | _____        | _____          |
| 14. Toxic items limited/storage            | _____        | _____          |
| 15. Fixed equipment spec. list             | _____        | _____          |
| 16. Proper employee belongings storage     | _____        | _____          |
| 17. Sewage Disposal new or (B100a) **      | _____        | _____          |

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

**Written Plan, minimum ¼ inch scale, shall be submitted with this application. Plan must include but is not limited to: description and location of work areas and equipment, sinks, counters, storage areas, toilet facilities, fixtures, waiting and viewing areas. Manufacturer's spec sheets shall be submitted for all equipment, floor, wall and ceiling materials**

*The information provided with this application 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 agency including Zoning, Fire, or Building. You must consult with these agencies for their requirements. These same officials will need to sign off on your permit application.