



# CHESPROCOTT HEALTH DISTRICT

1247 HIGHLAND AVENUE • CHESHIRE • CONNECTICUT

PHONE (203) 272-2761 • FAX (203) 250-9412

[www.chesprocott.org](http://www.chesprocott.org)

**Maura A. Esposito RS, MPH, Director of Health**

*(Please fill out and submit with detail floor plan)*

## Barbershops, Hairdressers, Cosmetology, Nail Salons Plan Review Application

Name of Establishment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town, State, Zip \_\_\_\_\_

Owner of Establishment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town, State, Zip \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town, State, Zip \_\_\_\_\_

Applicant Title (owner, architect, manager, etc.) \_\_\_\_\_

- New Establishment
- Conversion
- Remodel of Existing Establishment
- Change of Owner

Projected Date of Start of Project \_\_\_\_\_ Projected Date of Completion of Project \_\_\_\_\_

### Type of Business –

- Barbershop
- Nail Salon
- Hairdressing/Cosmetology
- Cosmetology Salon

### Sewage Disposal

- Public Sewer
- Septic System

### Water Supply

- Public Water
- Private Well

Number of Chairs/Stations \_\_\_\_\_ Square Footage of Facility \_\_\_\_\_

Estimated Daily Water Usage (septic only) \_\_\_\_\_

Hours of Operation Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

### PLAN REVIEW FEE

(Please reference fee schedule)

Number of Chairs/Stations at Establishment 1 – 4 Fee \_\_\_\_\_

Number of Chairs/Stations at Establishment 5 – 10 Fee \_\_\_\_\_

Number of Chairs/Stations at Establishment 11 + Fee \_\_\_\_\_

**Please submit this completed application, a floor plan, a list of all equipment, and a check made out to "Chesprocott Health District" for the appropriate amount. We will contact you to make an appointment**