EAST SHORE DISTRICT HEALTH DEPARTMENT

14 Business Park Drive, Branford, CT 06405 (203) 481-4233

APPLICATION FOR BARBERSHOP, HAIRDRESSING OR COSMETOLOGY ESTABLISHMENT PLAN REVIEW

FEE: \$100.00		
Check One: □ New	Remodeled	Relocated
Name of Proposed Busines	s:	
Address of Business:		
		Phone: ()
		Phone: ()
Contact Person Address:		
Owner Name:		Phone:()
Owner Address:		
Type of Business: (check all that	at apply)	y ☐ Hairdressing Shop (Hairdressing Only)
	d initial next to eacl	h category, that I have adequately
<u>Category</u> 1. Water supply	Check	Initial
2. Sewage Disposal		
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 Professiona	ıls	
12. Sanitizing/Disinfection/ Procedure	es	
13. Floor plan workstations, requirem	nents	
14. Fixed equipment spec. list		
15. Cleaning Equipment storage/mor	sink	
16. Waiting area		
17. Employee area		
18. Foods and beverages		
19. Shop in residence		
I attest here that the informatio	n supplied above is	accurate and correct.
Signature and Title		Date
Please type or print name		
ESDHD Approval date: / Comments:		se onlyTitle:

Note: Signature of ESDHD 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.