



East Shore District Health Department
Serving Branford, East Haven and North Branford

**APPLICATION FOR BARBERSHOP, HAIRDRESSING OR COSMETOLOGY
ESTABLISHMENT PLAN REVIEW**

FEE: \$50.00

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: _____

Type of Business: (check all that apply)
 Barber Shop (Hairdressing Only) **Cosmetology** **Hairdressing Shop (Hairdressing Only)**

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	_____	_____
3. Plumbing	_____	_____
4. Toilet/handwashing facilities	_____	_____
5. Garbage Disposal/containers	_____	_____
6. Floors/Walls/Ceilings	_____	_____
7. Lighting	_____	_____
8. Ventilation	_____	_____
9. 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	_____	_____

I attest here that the information supplied above is accurate and correct.
 Signature and Title _____ Date _____
 Please type or print name _____

-----For office use only-----
ESDHD Approval date: / / **Signed:** **Title:**

Comments:

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.