



TOWN OF BROOKFIELD • HEALTH DEPARTMENT
100 Pocono Road • Brookfield, CT • 06804
Phone: 203-775-7315 Fax: 203-740-7677
www.brookfieldct.gov

Hair, Nail & Personal Care Studios Plan Review Application

☐ New ☐ Remodel ☐ Conversion

Include plan review fee- **New Construction \$ 100.00 / Reconstruction \$75.00.**

Requirements

Completed

1. Contact the Town of Brookfield Building Department and Zoning Department to find out their application requirements prior to submitting an application for Plan Review to the Health Department. ☐

2. With application, submit two (2) copies of the entire facility layout drawn to scale (1/4"=1 foot). Architectural drawings are not generally required, but the plans must be close to a professional rendering. ☐

Floor plan must include:

- Location of stations, hair sinks, mop sinks, hand washing sinks, chemical sinks, pedicure bays etc., clearly labeled..... ☐
- Room sizes, aisle and equipment space, and other appropriate dimensions..... ☐
- Provide a complete finish schedule for each room include floors, ceilings, walls and cove base junctures..... ☐
- Plumbing locations- floor drains, tub drains, toilets, back flow prevention, waste line connections etc..... ☐
- Note on plan source of water supply..... ☐
- Designed ventilation for facility..... ☐
- Cabinets and storage space..... ☐
- Lighting and electrical outlets..... ☐
- Designated garbage areas / storage..... ☐
- Note any dressing rooms, locker areas, massage rooms, reception..... ☐
- Note type of sewage disposal: served by sewer or septic system..... ☐
 - If on-site septic system, plans shall assess design flow of existing subsurface disposal (septic) system if applicable.
 - Should expansion of subsurface disposal system is necessary, plans and an *Application for Permit to Construct* must be completed.

3. Include procedures and protocol for sanitization of equipment..... ☐

4. For all appliances and equipment- include equipment specification sheets with model number..... ☐

5. **Inspection(s):** Request for inspection should be made to the Brookfield Health Department upon:

- **Completion of Floor and equipment installation.....** ☐
- **Completion of Establishment.....** ☐

Please schedule at least 3 business days in advance. You may request additional site visits at any time during the construction process.

Anticipated Opening Date: _____

Please see additional information on document titled: *Technical Standards Guidance*



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Fee Paid: ☐ Y ☐ N

Date Submitted: _____

Hair, Nail & Personal Care Studios Plan Review Application

OWNER NAME _____ PHONE # _____ CELL# _____

OWNER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ STATE LICENSE # _____

MANAGER NAME _____ PHONE # _____

EMAIL _____

ESTABLISHMENT NAME _____ PHONE # _____

ADDRESS _____ FAX# _____

TYPE OF BUSINESS PROPOSED/SERVICES:

.....

STATEMENT: I fully understand the requirements above. Any change in plans above must be submitted to the Brookfield Health Department. Changes made without prior notice to this Department may nullify final approval. Approval by this Department **does not** indicate compliance with any other code, law or regulation that may be required by other federal, state, or local authorities.

PRINTED NAME _____ TITLE _____

SIGNATURE _____ DATE _____

Health Department Comments/Corrections Needed: _____

Approved By: _____ **Approval Date:** _____
Brookfield Health Department Representative