

☐ New ☐ Remodel ☐ Conversion

Town of Brookfield • Health Department

Application for Salons/ Personal Care Studios Plan Review

Name	Address	Phone #
Establishment:		
Owner/Applicant:		
Operator:		

The following documents and materials must be submitted to the Health Department to obtain approval prior to any construction or renovation. Approval of any plans and specifications by this Regulatory Authority **does not** indicate compliance with any other code, law or regulation that may be required by other federal, state, or local authorities (such as the Building, Fire and Zoning Departments).

Application Requirements:

A. **Submit Plans Prior to Construction.** Properly prepared plans and specifications for

construction, remodeling and conversion must be submitted to the Health Department for review and approval. Such plans should include a floor plan drawing (to scale) of the establishment showing location of equipment, plumbing fixtures, finish schedules for floors and walls, electrical services and mechanical ventilation. (Plans utilized for submittal to the Building Department may suffice).

B. **Include** Manufacturer Specification sheets for each piece of equipment shown on the plan. *All equipment must be NSF or UL classified.*

C. **Submit** a site plan showing location of business in building; location of building on

site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)

1. Plans shall assess design flow of existing subsurface disposal(septic) system if applicable.
2. If expansion of subsurface disposal system is necessary, plans and an Application for Permit to Construct must be provided.
3. Note on plan type of water supply and how it will be protected, if necessary.

D. **Submit an Application for License to Operate a Personal Care Establishment.**

E. **Preoperational Inspection(s):** A request for a preoperational inspection must be made to the Brookfield Health Department to verify that the establishment meets requirements of the local personal care ordinance, technical standards and the CT General Statutes as applicable.

F. Include a full proposed list of services to be provided.

G. Include a **Plan review fee**: \$100.00 (Alterations fee:\$75). **License fee** is \$50.00 for the first three chairs, bay or individual service rooms and \$10.00 for each additional (up to a \$100.00 maximum).

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.

Printed Name:_____	Signature(s) _____
Owner or Applicant	Owner or Applicant
Date Submitted:_____	Date of Planned Opening:_____

Comments:_____

Approved By: _____ **Approval Date:** _____

Brookfield Health Department Representative