



WESTPORT WESTON HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571

Fee is Non-Refundable

APPLICATION FOR COSMETOLOGY ESTABLISHMENT PLAN REVIEW

Name of Business: _____

Address of Business: _____ Town: _____ ZIP: _____

Contact Person Name: _____ Phone: (____) _____ Fax: (____) _____

Mailing Address: _____ Town: _____ ZIP: _____

Owner's Name: _____ Phone: (____) _____

Owner's Mailing Address: _____ Town: _____ ZIP: _____

Architect's Name: _____ Phone: (____) _____

Architect's Mailing Address: _____ Town: _____ ZIP: _____

FEE: \$ _____ Date Paid
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I attest here that the information supplied here is accurate and correct.

Signature and Title

Date

Please TYPE or Print Name

For Office Use Only

Date Application Approved:	Date Permit Issued:	Date Permit Mailed/Delivered:
By:	By:	By:



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APPLICATION FOR COSMETOLOGY ESTABLISHMENT PLAN REVIEW

The following documents and materials must be submitted in order to obtain Health District approval for renovation or construction, and must be approved by the Health District prior to the start of any construction or renovation:

- Application for plan review, with the appropriate fee. New facility **\$385.00**. Renovation to existing facility **\$110.00**.
- Two (2) copies of the floor plan, drawn to scale (1/4 inch = 1 foot) for the ENTIRE establishment; includes all floors and dumpster area (Architectural Drawings/Blue Prints are preferred).
- A numbered equipment schedule, list on prints. Cut sheets, numbered to correspond to the equipment schedule for new equipment.
- Floor and wall finishes, including description of the type of covering for floor/wall junction (cove base, molding, etc.) listed on blueprints.
- Proposed list of services to be offered.
- Samples of flooring, cove molding and base should be submitted for approval prior to any construction.

PROCEDURE FOR COSMETOLOGY PLAN REVIEW

1. Floor plans and equipment schedule are reviewed by sanitarians for Code compliance.
2. Necessary changes or modifications to plans are communicated to owner or architect for revisions made to plans.
3. New plans, with required changes, are resubmitted for review.
4. When plans are acceptable, schedule a meeting for final plan review.
5. Two (2) sets of plans must be submitted to the Health District for stamped/signed approval.
6. The Letter of Approval is mailed to owner by the Health District. Letters are also mailed to the Fire Department, Building Department, Planning and Zoning, Aquarion (BHC), and Public Works.
7. Construction plans must be in compliance with the requirements of the American Disabilities Act (ADA).
8. Construction/renovation work may begin after zoning and building permits are obtained.
9. Health District sanitarians will inspect during construction and when construction is completed. Health District approval of construction is necessary in order to obtain a Zoning Certificate of Compliance (ZCC) from the Planning and Zoning Department and the Certificate of Occupancy (CO) from the Building Department.