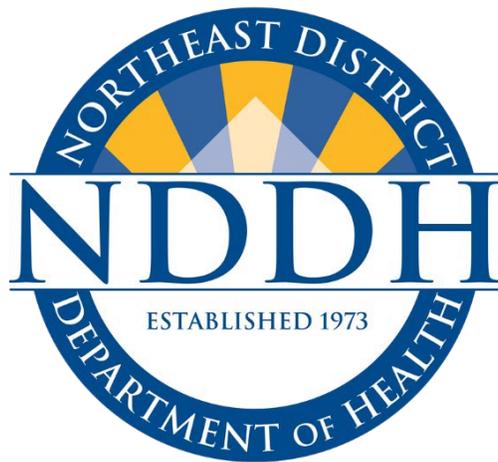


Salon Plan Review

Application



Northeast District Department of Health
69 South Main Street, Unit 4, Brooklyn, CT 06234
860-774-7350 / Fax 860-774-1308
Email: email@nddh.org
www.nddh.org

Salon Review Checklist
STEPS 1 & 2 ARE REQUIRED TO SUBMIT THE APPLICATION
(checklists with an * include a required document)

Step 1 – Sewage Disposal and Water Supply (public or private):

- If on public sewer in Brooklyn or Killingly, provide letter from WPCA regarding status*
- If on private septic
 - Complete and submit a [File B*](#) (new construction, repair, or soil testing) with consent form or [B-100a*](#) (change in use) with consent form
- If on public water:
 - Submit a copy of the last water bill*
- If on private well:
 - Submit [Public Water System Screening Form*](#) (form in resource section pgs. 10 and 11)
 - Fill out all application information up until Section 5: *For Local Health Use Only*
 - Submit a copy of water test results*
- Verify all zoning requirements have been approved by local Planning & Zoning Departments

Step 2 – Review, sign, and submit the following:

- Submit copy of service license*
- Submit the floor plan* drawn to scale
- Submit Service Application and Emergency Contact pages 8 and 9*
 - Page 7 (Final Signatures) is ONLY submitted as a final step once all inspections have been completed (from NDDH, Fire Marshall, etc.)
- Submit payment for Plan Review Fee listed on Fee Schedule

Step 3 – A plan review approval letter will be sent once steps 1 & 2 are complete, if applicable. You must then:

- Submit any additional requirements per the plan review approval letter, if applicable
- Submit payment for Annual Permit Fee listed on Fee Schedule
- Schedule a pre-operational inspection once any construction is complete, at least one week prior to your anticipated opening

Final Step – Once a pre-operational inspection has been completed:

- Submit the Final Signatures form on Page 7 of the Salon Plan Review Application*

Purpose Statement

The Northeast District Department of Health (NDDH) requirements for a salon establishment are based on the General Statutes Ch. 386 Secs. 20-234 to 20-249, Ch. 387 Secs. 20-250 to 20-266m, CT Regulations (Public Health Codes) 19-13-B101, B102, B103a-f, Public Act 117, Section 196(b), CT DPH Salon Inspection Form Guidelines, and the NDDH Salon Ordinance. The intent of the Salon Plan Review is to educate and enforce sanitary conditions and infection controls to reduce the occurrence and potential spread of communicable diseases. An NDDH sanitarian will review the application and work with you to ensure your establishment is code compliant.

Salon establishments include any place where services are provided to the public. Establishments include, but are not limited to cosmetology, barbershops, hair salons, nail salons, and day spas.

Without an FSE (food service establishment) permit, you cannot serve any food or drinks to the public at your establishment and only self-serve areas with drinks and snacks are allowed. We encourage disclosure signage regarding allergies be posted in conspicuous areas for customer viewing.

Any permits to construct or operate from municipal town officials DO NOT constitute as a permit from NDDH to open and operate a food service establishment.

Changes may occur in the CT General Statutes and Public Health Code (Regulations). Approval of this plan does not mean that the establishment specified will be exempt from compliance with future code requirements.

A permit is required to open and annual permit renewals are required to continue operations.

When the plan and facility are approved and applicable fees have been paid, NDDH will issue a salon permit for the establishment that will expire at year's end. Renewals are due to NDDH by December 15th annually for the following permit year.

NDDH requires owners to complete the Salon Plan Review for any proposed establishment including new businesses, renovations, and operational changes. Your signature on the application constitutes your agreement to comply with the requirements for salon establishments.

Step 1 & 2 Requirements and Resources

Sewage Disposal and Water Supply

1. Private sewage disposal system (septic)
 - a. [File B Application](#) (is for new construction, repairs, and soil testing)
 - b. [B100a Application](#) (is for change in use)
2. Private water supply (well)
 - a. [Public Water System Screening Form*](#)
 - b. This form is required by CT DPH when a private well will be used for public consumption

Floor Plan

1. Provide plans drawn to minimum scale of ¼ inch = 1 foot showing an accurate layout of the floor plan. A template is provided below.
2. Show the location of all stations and equipment. Each piece should be clearly labeled.
3. Clearly designate adequate handwashing sinks in the service area and toilet facilities.
4. Provide room size, aisle space, space between and behind equipment location of all doors, and the placement of the equipment on the floor plan.
5. Include location of floor drains, floor sinks, overhead waste-water lines, and hot water generating equipment.
6. Include areas such as storage rooms, garbage rooms, toilets, basements/cellars used for storage or preparation. Show all features of these rooms and the equipment in these areas. Provide additional pages as needed.
7. Complete Finish Schedule* forms for each room, including floors, walls, ceilings, and coved juncture surface bases. Use the provided form or other equivalent format.
8. Include specifications demonstrating:
 - a. Entrances and exits.
 - b. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.
 - c. Source water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
 - d. A mop sink or curbed cleaning facility with facilities for hanging wet mops.
 - e. Cabinets for storing toxic chemicals.
 - f. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.
 - g. Site plan, if applicable.

Surface Finish Schedule

1. The form is provided below.
2. All reusable equipment must be constructed of hard materials with smooth non-porous surfaces as detailed in the CT DPH Salon Inspection Form Guidelines.

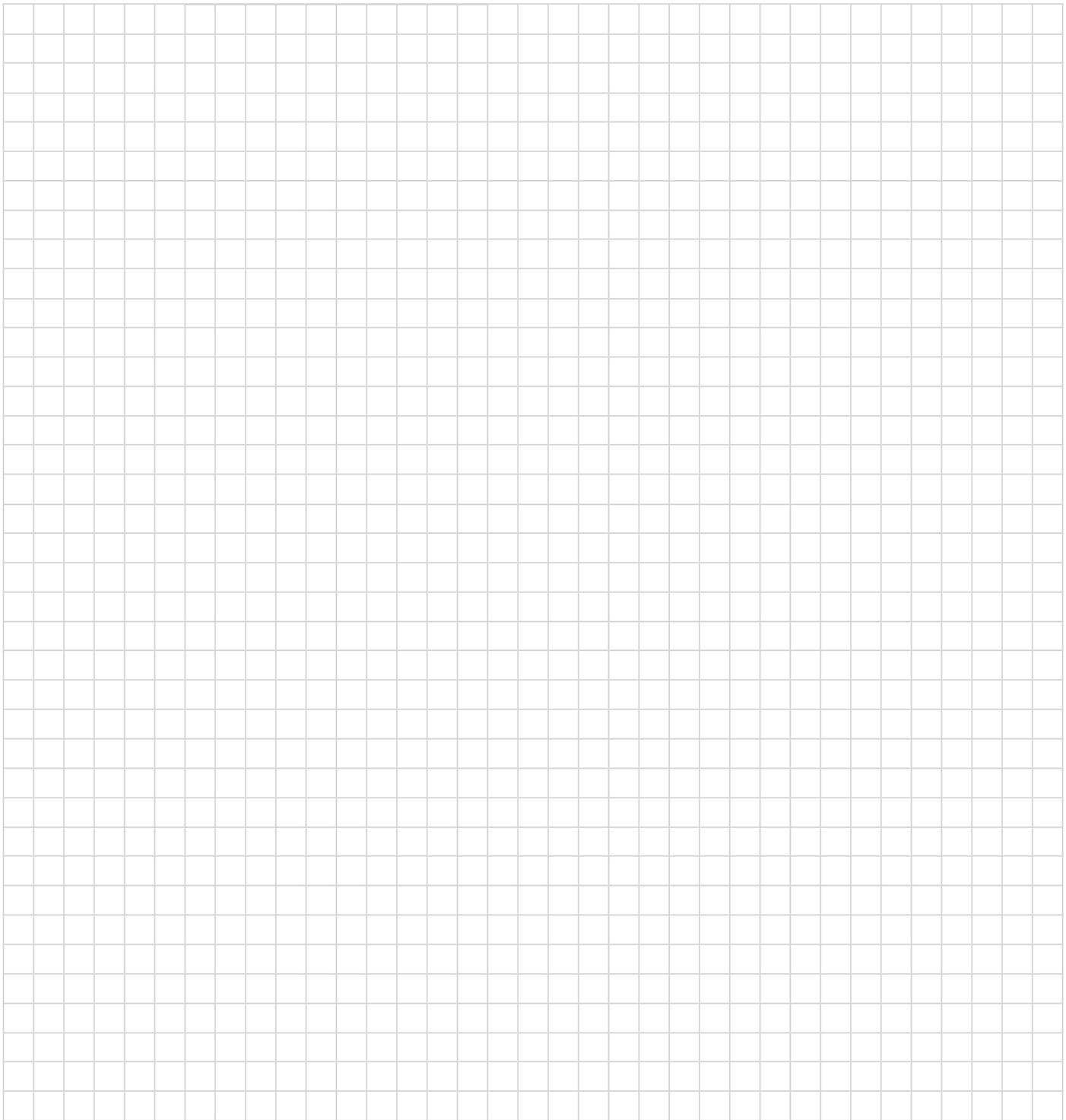
Pre-Operational Questionnaire

1. This questionnaire assists the NDDH Sanitarian in reviewing the details of the submitted plan.

Salon Employees and Independent Contractors

1. Salons are permitted to the permit holder based on their license.
2. Employees are staff who are permitted under the permit holder/salon inspection.
3. Independent Contractors are not employees and are permitted separately (rent space from the owner).

Floor Plan for:



Use this key or provide another clear key.

Scale: 1 square=

ft.

Hand Sink	HS					
Utility Sink	MS					
Prep Sink	PS					
Salon Station	SS					
Table	Tbl					
Countertop	Ctr					

Surface Finish Schedule

Establishment Name: _____ Date: __/__/____
 Address _____ Town _____

Check as many selections as apply:

SPECIFY FINISH AND/OR CONSTRUCTION			
	FLOOR	WALLS	CEILING
SERVICE AREA	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Drywall/Epoxy	<input type="checkbox"/> Drywall/Epoxy
	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Tile (Type) _____	<input type="checkbox"/> Clad Fiberboard _____
	<input type="checkbox"/> Vinyl Sheet	<input type="checkbox"/> FRP	<input type="checkbox"/> FRP
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____
STATION AREA	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Drywall/Epoxy	<input type="checkbox"/> Drywall/Epoxy
	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Tile (Type) _____	<input type="checkbox"/> Clad Fiberboard _____
	<input type="checkbox"/> Vinyl Sheet	<input type="checkbox"/> FRP	<input type="checkbox"/> FRP
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____
DINING AREA	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Drywall/Epoxy	<input type="checkbox"/> Drywall/Epoxy
	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Tile (Type) _____	<input type="checkbox"/> Clad Fiberboard _____
	<input type="checkbox"/> Vinyl Sheet	<input type="checkbox"/> FRP	<input type="checkbox"/> FRP
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____
TOILET FACILITY	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Drywall/Epoxy	<input type="checkbox"/> Drywall/Epoxy
	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Tile (Type) _____	<input type="checkbox"/> Clad Fiberboard _____
	<input type="checkbox"/> Vinyl Sheet	<input type="checkbox"/> FRP	<input type="checkbox"/> FRP
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____

Note: "Drywall/Epoxy" means sheetrock with epoxy enamel paint. "Clad Fiberboard" means Plastic-coated or metal-clad fiberboard. "FRP" means Fiberglass reinforced plastic

Pre-Operational Questionnaire (circle your response)

1. Name of Establishment: _____
2. Floor Plan
 - a. Is an accurate to scale floor plan attached? YES NO
3. Hand Washing Facilities
 - a. Are hand washing sinks accessible and convenient to workers in all service areas? YES NO
 - b. Are hand soap, paper towels, and waste receptacles supplied at all hand washing facilities?
YES NO
 - c. Are all hand washing sinks provided with a mixing valve faucet? YES NO
 - d. Do all hand washing sinks reach a minimum of 85°F? YES NO
 - e. Are all hand washing sinks properly labeled with required signage? YES NO
4. Floors
 - a. Are all floor materials smooth, non-absorbent, and made of washable materials? YES NO
 - b. Are the floors and wall junctures coved (covered to prevent moisture from entering in)?
YES NO
 - c. Are the floors graded to the drain? YES NO
5. Walls and Ceilings
 - a. Are the wall and ceiling materials smooth, non-absorbent, and made of washable materials?
YES NO
 - b. Are the walls light in color? YES NO
6. Toilet Facilities
 - a. Are toilet facilities conveniently located? YES NO
 - b. Are all toilet room doors self-closing? YES NO
 - c. Is ventilation provided? YES NO
 - d. Are toilet facilities to be used by women provided with a covered waste receptacle? YES NO
 - e. Are toilet room hand washing facilities provided with soap, paper towel, and waste receptables?
YES NO
 - f. Are approved back flow protection devices in place (consult with plumber)? YES NO
 - g. Do toilet room hand washing sinks not allow for hot water to exceed 115°F maximum?
YES NO
7. Sewage and Liquid Waste Disposal
 - a. Is the Salon on a Public Water system? YES NO
 - b. Is the Salon on an On-site Septic system? YES NO
8. Water Supply
 - a. Is the Salon a Public Water supply customer? YES NO
 - b. Is there an On-site Well? YES NO
 - Water treatment: _____
 - c. Is a water test provided, if on private well? YES NO
 - d. Is a copy of the water bill provided, if on public water? YES NO
9. Plumbing
 - a. Are sinks, wash stations, or any other equipment connected to the water supply in such a manner to prevent backflow (consult with a plumber)? YES NO

10. Lighting

- a. Is adequate lighting provided in all areas of the establishment? YES NO

11. Ventilation

- a. Are there properly functioning vents in the bathrooms? YES NO
b. Have the necessary approvals from the Fire Marshall been granted? YES NO

12. Storage Areas

- a. Are shelves smooth, cleanable, and made of durable materials? YES NO
b. Are toxic/poisonous materials properly stored and labeled in a designated area?
YES NO

13. Insect and Rodent Control

- a. Are all outer openings protected against entry of insects and rodents by use of doors, screens, fans, etc.? YES NO
b. Are all outer doors self-closing? YES NO
c. Are all openings in floors, walls, ceilings, cables, etc., properly caulked or protected? YES NO

14. Sinks

- a. Does the plan include a service area sink? YES NO
b. Is there a mop sink? YES NO If no, describe facility for cleaning mops and other equipment and disposing of floor washing water:

15. Garbage

- a. Is there an area designated for garbage disposal outside of the facility? YES NO
b. Does the garbage disposal area have a paved base? YES NO
c. Do all containers have lids? YES NO
d. Is there an area designated for garbage can and floor mat cleaning? YES NO

16. Ice and Hot Water

- a. What is the capacity of the hot water heater? _____ BTU/hour

This page is only submitted once a pre-operational inspection from NDDH has been completed

Salon Establishment Name (*not LLC*): _____

Physical Address: _____

Signature Section:

Your Name (print): _____

Signature: _____ Date: __/__/__

Building: _____ Date: __/__/__

Zoning: _____ Date: __/__/__

Fire: _____ Date: __/__/__

Water Commissioner: _____ Date: __/__/__

(if using public sewer)

NDDH Sanitarian: _____ Date: __/__/__



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

Phone – (860) 774-7350 / Fax (860) 774-1308

www.nddh.org

email@nddh.org

<i>Sanitarian Approved</i>
<i>Initial:</i> _____
<i>Date:</i> _____
<i>Emailed:</i> _____

SERVICE APPLICATION

COSMETOLOGY: _____ BARBER: _____ NAIL SALON: _____ OTHER: _____

Name of Establishment: _____

Business Street Address: _____ Town: _____

Legal Owner of Business: _____

Billing Email: _____

Mailing Address for Business: _____

Town: _____ State: _____ Zip: _____ Business Tel: _____

Manager Name: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____ Tel: _____ Fax: _____



Number of Workstations/Chairs: _____ Business Hours: _____

Sewage Disposal: Public: _____ Private: _____ Date Last Pumped: _____

Water Supply: Public: _____ Private: _____ Date Last Tested: _____ CT Water #: _____

List all operators below including name, license type, and license number with expiration date.
(Attach additional sheets if necessary)

Signature of Owner/Operator: _____ Date: _____

Name:	Type of License:	License Number:	Employee or Independent Contractor	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

<i>NDDH Use Only</i>							
<i>Date:</i> _____	<i>Fee:</i> _____	<i>Check #</i> _____	<i>CC</i>	<i>E-Check</i>	<i>Cash</i>	<i>Receipt #</i> _____	
<i>Date:</i> _____	<i>Fee:</i> _____	<i>Check #</i> _____	<i>CC</i>	<i>E-Check</i>	<i>Cash</i>	<i>Receipt #</i> _____	



Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234
860-774-7350 / Fax 860-774-1308 www.nddh.org

EMERGENCY CONTACT INFORMATION

Water Interruption • Power Outage • Fire • Flood • Contamination • Natural and Man-made Disasters

There are a number of emergencies that can interrupt your establishment. To protect the public, the Northeast District Department of Health (NDDH) must be able to quickly contact decision-makers for your business/organization to provide appropriate guidance. Check our website for regular updates that impact your establishment at <https://www.nddh.org>.

NDDH will conduct periodic tests of our Emergency Notification Systems. You may receive messages by phone, text, fax, or email. Please complete the information below, being sure to fill all fields accurately:

Today's Date: _____

Business/Org Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contact Name and Title: _____

24/7 Contact #: _____ **Cell Number:** _____

Work Phone: _____ **Fax Number:** _____

Email Address: _____

Alternate Emergency Contact Name and Title: _____

Cell Phone: _____ **Fax Number:** _____

Work Phone: _____ **Home Phone:** _____

Email Address: _____

Is water for your business establishment/organization supplied by:

___ Well

___ Community Water System

Businesses with multiple locations: Please complete a separate form for each location.

NDDH USE ONLY:

Updated - EHS Database: _____ Excel Data Sheet: _____ Initials: _____

REVISED 12/16/21

This form may be used to notify the Department of Public Health (Department) of the following circumstances:

- A change in the classification of a Public Water System;
- An activation and the classification of a Public Water System; and,
- The classification of a Public Water System or Non-Public Water System with respect to a proposed real estate development.

Do not use this form to petition the Department for a Declaratory Ruling. A declaratory ruling is a legal proceeding, in which a person may request the Department to determine the validity of any regulation or the applicability of any regulation, statute or final decision under the Department's jurisdiction to specific circumstances. Connecticut General Statutes (CGS) [§ 4-176](#). See Regulations of Connecticut State Agencies (RCSA) [§§ 19a-9-10](#) and [19a-9-12](#). Any request to determine the classification of a proposed or existing public water system shall conform with the requirements in RCSA [§ 19a-9-6\(a\)](#). RCSA [§ 19a-9-12](#).

If you are water company, as defined in [CGS § 16-262n](#) and intend to cease your operations or discontinue the provision of water service to customers, **do not use this form**. See [CGS § 16-46](#) governing the dissolution and termination of such services.

Section 1: Property Owner Contact Information			
Owner of Property		Legal Contact Person (if owner is not an individual)	
Owner Mailing Street Address	City	State	ZIP Code
Owner Telephone Number	Owner Email Address		
Section 2: Property Information			
Property Street Address	City	State	
Business(es) Operating on the Property (if applicable)			
Current or Intended Use of the Property (Check all that apply): <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Campground <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Professional Office <input type="checkbox"/> Youth Camp <input type="checkbox"/> Gas Station <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Place of Worship <input type="checkbox"/> Park/Recreation Area <input type="checkbox"/> Other - specify: _____			
Description of Current or Intended Use of the Property (Attach additional pages, if necessary):			
Property is currently regulated as a Public Water System (PWS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide PWS ID: PWS ID#: _____			
Section 3: Water Source and Usage Information			
Water Source(s):			
<input type="checkbox"/> Existing Well(s) <input type="checkbox"/> Proposed Well(s) Total Number of Well(s): _____			
Water Usage:			
How will the water be used? (check all that apply):			
<input type="checkbox"/> drinking <input type="checkbox"/> bathing/showering <input type="checkbox"/> cooking, including food preparation <input type="checkbox"/> dishwashing <input type="checkbox"/> public restroom <input type="checkbox"/> drinking water fountain <input type="checkbox"/> other—specify: _____			
RCSA § 19-13-B102(a)(41) defines “drinking water” to mean “water, treated or untreated, intended for human consumption, which includes drinking, bathing, showering, cooking, dishwashing and maintaining oral hygiene.”			
Water Treatment:			
Is the water treated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify type(s): _____			
Purpose of treatment: _____			

Section 4: Population and Operational Information

Number of Consumers/Service Connections² (Buildings Served)	Residential	Non-Residential	
Maximum Daily Population Served¹ (Enter Number) Existing Maximum Daily Population: _____ Proposed Maximum Daily Population: _____ Proposed Population Start Date: _____	Number of days per year facility is/will be operational:	Typical Annual Operating Period	
		Start Month/Day	End Month/Day

Section 5: Notification to DPH

Part I: Public Water System Notification

I am notifying the Department that my Property serves or will serve (once constructed) water to the public as follows: (Check only one option below for Part I)

- The Property is a **Public Water System (PWS)** because the water system on the property serves or will serve 25 or more people or 15 or more consumers daily at least 60 days of the year (**continue to Part II**)
- The Property is a **Non-Public (NP) Water System** because the water system does not serve or will not serve 25 or more people or 15 or more consumers daily for more than 60 days per year OR the system serves or will serve 25 or more people or 15 or more consumers daily for more than 60 days per year and the system meets all of the following conditions (check all that apply):
 - Consists only of distribution and storage facilities;
 - Does not have any treatment facilities, other than those for non-potable use;
 - Obtains all of its water from, but is not owned or operated by, a public water system;
 - Does not separately bill the consumers for water use or consumption; and
 - Is not a carrier which conveys passengers in interstate commerce;

Part II: Public Water System Classification Notification

If **Public Water System (PWS)** was selected in Part I, check only one option below.

I am notifying the Department that my Property's current or proposed **Public Water System** is classified as follows:

- The Property is a **Community Public Water System** because the public water system on the property serves or will serve 25 or more year-round residents. See [RCSA § 19-13-B102\(a\)\(16\)](#).
 - Examples: Apartment/Condominium Complexes, homeowners' associations, single family home developments served by a single or combined well system.
- The Property is a **Non-Transient Non-Community (NTNC) Public Water System** because the public water regularly serves or will serve at least 25 of the same persons over 6 months per year and it is not a community system. See [RCSA § 19-13-B102\(a\)\(87\)](#).
 - Examples: Childcare facilities, schools and larger employers/businesses.
- The Property is a **Transient Non-Community (TNC) Public Water System** because the public water system serves or will serve at least 25 persons daily at least 60 days per year and is not a non-transient non-community water system. See [RCSA § 19-13-B102\(a\)\(128\)](#).
 - Examples: Restaurants, parks, campgrounds, gas stations, youth camps, plazas or places of worship without a school or daycare.

Additional Comments:

Pursuant to [CGS § 53a-157b](#), I certify to the best of my knowledge that the information is provided in this form is complete and correct.

Signature of Property Owner/Legal Contact: _____ **Date:** _____

Printed Name of Property Owner/Legal Contact: _____

¹ Population served shall be based on design population pursuant to [RCSA 16-262m-8\(a\)\(3\)](#).

² "Consumer" means any private dwelling, hotel, motel, boardinghouse, apartment, store, office building, institution, mechanical or manufacturing establishment or other place of business or industry to which water is supplied by a water company.

Please submit completed forms and all supporting documents to: DWDCCompliance@ct.gov

And to your Local Health Department, which may be found [here](#).