



Town of Wallingford, Health Department
45 South Main St.

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Director of Health

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**PLAN REVIEW
SALON & PERSONAL SERVICE ESTABLISHMENTS**

INSTRUCTIONS AND SIGN OFF SHEET

Allow a minimum of 10 Business days for review of all submittals

The plan review process consists of two parts.

PART 1: Establishment Information

Part 2: Approval of the establishment layout and equipment.

*Refer to Technical Standards for minimum requirements.

PART 1: Complete the following:

Type of application: New Establishment___ Remodel___

Owner's Name _____

Owner's Home Address _____

Owner's Phone Number _____ Cell # _____

E-Mail Address _____

Manager's Name _____

Contact Phone _____

Anticipated Opening Date _____

Establishment Name _____

Establishment Address _____

Establishment Phone _____ Establishment Fax _____

Indicate type of service: Public water _____ Private Well _____

Public sewers _____ Septic System _____

Storage/Laundry Facilities: *All laundered items must be properly disinfected. Clothes dryers must be adequately exhaust vented to the exterior, and in compliance with building and fire codes.* ___ On-site laundry ___ Off-site laundry service

Clothes dryer on premises properly exhaust vented? Y___ N___

Form Completed by (Name and Title) _____

Date Submitted _____

PART 2: Establishment Lay-out and Equipment:

1. One (1) copy of the entire facility layout drawn to scale (1/4"= 1 foot). While architectural drawings are not usually required, the plans must be a professional rendering.

- The floor plan must contain the location of all stations/areas,
- including toilets, break room, and laundry (as applicable).
- Projected schedule for completion
- Surface material for walls and floors
- Non-slip, non-porous surface required for elevated pedicure
- Stations

2. A complete set of equipment specifications, numbered on the specification sheets to correspond with numbers on the plan. The equipment model numbers must be identified on the specification sheets.

3. All equipment must be commercial grade.

4. Nail Salons: Ventilation must exhaust to outside and not impact adjoining units/business

This application will be forwarded to Planning & Zoning (203-294-2090), Fire Dept. (203-294-2766) and Building Dept. (203-294-2005) for review and approval. Incomplete applications will be returned to the applicant.

Construction inspections will be conducted by the Health Dept. as follows:

Inspection 1: Upon completion of floors and equipment installation.

Inspection 2: Upon completion of the establishment, after Fire/Building Dept. inspection and prior to Permit to Operate.

* Nail Salons: Ventilation/Exhaust tested/operable

Appointments for inspections must be scheduled at least 3 business days in advance. The applicant can request additional site visits at any time during the construction process.

Proposed changes in the design layout or equipment must be approved by the Health Department *prior* to making the changes.

Checklist:

- Water Supply Safe/Adequate
- Sewage Disposal Approved
- Utility Sink/All Purpose
- Mop Sink
- Other Sinks & Backflow Prevention on Plumbing Equipment
- Handwash Sinks & Toilet Facilities
- Garbage/Waste Disposal
- Floors, Walls & Ceiling Schedules
- Lighting
- Ventilation
- Laundry/ Storage
- Utensils/Equipment Handling
- Personnel, Licensed Professionals
- Sanitizing/Disinfection/Procedures
- Floor Plan Workstations
- Fixed Equipment Specification List
- Cleaning Equipment Storage/Mop Sink
- Waiting Area
- Employee Area
- State Licenses

Tattoo and Microblading (Additional Requirements)

Documentation

- Cleaning procedures
- Waivers
- Sharps Container Disposal
- Customer Care Packet
- Auto Clave--- Spore Test

Certifications

- Blood Borne Pathogens
- First Aid
- State License

- Apprentices Yes____ No____



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Signoff from departments required prior to licensure

Name of Establishment:	Name of Licensee/Operator *:
Address of Establishment:	Name of Business Owner:
Business Phone #:	Home/Cell Phone #:

Departments	Signature & Date
Planning & Zoning * Obtain Planning & Zoning signature prior to other department signatures.	
Building Department	
Water and Sewer Department	
Fire Marshall Office	