



Town of Wallingford Health Department

45 South Main Street, Room 215, Wallingford, CT 06492
Phone: 203-294-2065; Fax: 203-294-2064
Email: healthclerk@wallingfordct.gov



Director of Health:
Vanessa Bautista,
MPH, R.S.

SUBMITTAL PAGE

STATEMENT: A newly constructed, converted, renovated, or remodeled personal services establishment is required to submit a plan review application to the Wallingford Health Department (WHD) to ensure compliance with all applicable codes. *Wallingford Town Ordinance Chapter § 173 and Technical Standards Supplement.*

If you have any questions concerning your plan review, please call the WHD at (203) 294-2065.

Name of Establishment: _____

Address of Establishment: _____

Printed Name of Applicant: _____

Applicant Title: _____

Applicant Phone Number: _____

Applicant E-mail Address: _____

I hereby certify that to the best of my knowledge; the contents of this plan review application are true and correct at the time of submission.

Signature of Applicant: _____ Date: _____

Please note that the review process takes approximately 10 working days from receipt of plan.

Any substantive changes made to this submitted plan must be approved in advance. Approval of these plans and specifications by the WHD does not indicate compliance with other regulatory agencies. It does not constitute an endorsement or acceptance of the completed establishment. Pre-operational inspection of your establishment is required to determine its health code compliance.

This is not an application for a personal services establishment permit. An application for permit may be filed after plan approval and after receiving sign-off from **ALL APPLICABLE TOWN DEPARTMENTS**. You will receive a Departmental Sign-off Sheet upon submitting this plan review application.

- **Page 2** of this packet is where you will provide all contact and administrative information required for WHD records.
- **Page 3** of this packet is where you will find the instructions on how to complete your plan. Please read the instructions thoroughly and complete all the requirements.
- **Page 4** of this packet is ¼-inch graph paper for you to provide a 1-foot to ¼-inch scale plan of your establishment.

Personal Services Establishment Contact / Administrative Information

All information MUST be provided or noted as Not Applicable

Proposed Opening Date: _____

Name of Business Owner _____

Phone Number of Business Owner: _____

E-mail Address of Business Owner _____

Address of Business Owner: _____

If your Establishment is owned by a Limited Liability Corporation, please provide the additional information below:

Mailing Address of LLC: _____

Name of Principal or Registered Agent of LLC: _____

Phone Number of Principal or Registered Agent of LLC: _____

E-mail Address of Principal or Registered Agent of LLC: _____

Does the business own or rent the building? Own Rent

If your location is a rental property, please provide the additional information regarding the property owner below:

Name of Property Owner: _____

Phone Number of Property Owner: _____

E-mail Address of Property Owner: _____

Address of Property Owner: _____



Personal Services Establishment Plan Requirements & Expectations

Establishment Layout & Equipment Schedule:

Please submit:

1. A scale drawing (1/4 inch = 1 foot) of Floor Plan. The drawing must include:
 - a. Locations of all Workstations / Service Areas
 - b. Locations of all Equipment with numbers corresponding with cut sheets (see item 2 below)
 - c. Restrooms / Toilet Facilities
 - d. Employee or Staff Areas / Break Rooms
 - e. Laundry Facilities (if on-site)
 - f. Finish materials for floors, walls, and ceilings
 - g. Ventilation (*All Nail Salons must be properly ventilated out of the building*)

2. A complete set of numbered equipment specification cut sheets. **ALL EQUIPMENT MUST BE COMMERCIAL GRADE AND APPROVED IN ADVANCE.**

Inspections:

The Health Department will conduct inspections during remodeling / construction as follows:

Inspection 1: (Construction Inspection) Occurs after construction and the installation of all equipment. All equipment must be in working order.

Inspection 2: (Pre-operational Inspection) Occurs prior to the issuance of health permit. Sign-offs required prior to this inspection.

Checklists:

An inspector from the Wallingford Health Department will examine your establishment for the following items to satisfy state and local regulations. Your plan / procedures should account for the following to be in compliance:

Construction / Floor Plan:	
<input type="checkbox"/> Safe and Adequate Water Supply	<input type="checkbox"/> Backflow Prevention for Plumbing / Equipment
<input type="checkbox"/> Approved Sewage Disposal	<input type="checkbox"/> Garbage / Waste Disposal Facilities
<input type="checkbox"/> Utility Sink	<input type="checkbox"/> Flooring, Walls & Ceiling Material Schedule
<input type="checkbox"/> Mop Sink	<input type="checkbox"/> Adequate Lighting
<input type="checkbox"/> Handwashing Sink	<input type="checkbox"/> Waiting Area
<input type="checkbox"/> Toilet Facilities	<input type="checkbox"/> Employee or Staff Area / Break Room
Equipment:	
<input type="checkbox"/> Laundry Facilities (if onsite)	<input type="checkbox"/> Fixed Equipment Schedule (with specs/model nos.)
<input type="checkbox"/> Workstations corresponding with Floor Plan	<input type="checkbox"/> Cleaning Equipment with Proper Storage
Nail Salon-specific Equipment Requirement	
<input type="checkbox"/> Ventilation unit permitted and inspected by Building Official	
Procedural / Documentation:	
<input type="checkbox"/> Equipment / Tool Handling Procedures	<input type="checkbox"/> Sanitization / Disinfection Procedures
Tattoo / Microblading-specific Procedural Documentation Requirements	
<input type="checkbox"/> Additional Sanitization / Disinfection Procedures	<input type="checkbox"/> Customer Consent Waivers
<input type="checkbox"/> Sharps Container Disposal Service Records	<input type="checkbox"/> Customer Care Packet
Certifications:	
<input type="checkbox"/> State Licenses for all Employees (i.e. barber, cosmetology, esthetician, eyelash tech, nail tech, etc.)	
Tattoo / Microblading-specific Certification Requirements	
<input type="checkbox"/> Blood-borne Pathogens	<input type="checkbox"/> State Licenses for all Employees (i.e. tattoo artist / microblading technician)
<input type="checkbox"/> First-Aid	

