



Kevin A. Elak, MPH, REHS/RS  
Director of Health

## City of Middletown

Department of Health  
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Middletown, CT 06457  
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# Personal Services And Body Arts Plan Review

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

### Type of Application

- New Establishment     Addition of Service     Remodel of Existing     Change of Ownership

### Type of Business (check all that apply):

- Hairdressing     Nail (Manicure/Pedicure)     Tanning     Body Piercing  
 Tattooing     Esthetician (Waxing, skin treatment, facial and body treatment)     Barbering     Eyelashes

### **The following items must be submitted with the application to be considered a complete submission.**

- One (1) dated copy of the floor plan drawn to scale. This floor plan must include locations of stations, hair sinks, hand sinks, utility sinks and chemical mixing sinks, areas for clean and dirty linens and also chemical storage space. The plan should also include finish schedule for floors. Indicate access to privacy/private rooms. **Plans shall be a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.**
- A complete set of equipment specification, numbered on the specification sheets to correspond with the numbers on the plan. The equipment model numbers must be identified on the specification sheets.
- A copy of all Connecticut professional issued license(s) and a copy of a valid Government photo ID.
- Tattoo:** Provide bloodborne pathogens and first aid certificates as well as under 18 release documents.
- Register with Middletown Central Communication Center – (860-638-3250 or visit <http://www.middletownct.gov/157/Central-Communications> and complete the *Key Holder Contact Form*)

\*\*\*Please do not write in this area \*\*\*

License Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

District Assigned: 1 2 3

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved

Denied

Owner of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name of LLC (if applicable) \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant Title: (owner, architect, manger, etc.) \_\_\_\_\_

Phone: \_\_\_\_\_

Name of person(s) in charge & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Sanitizer/Disinfectant**

Type: \_\_\_\_\_ EPA Registration Number: \_\_\_\_\_

Concentration: \_\_\_\_\_

**\*\*Tattoo please attach written disinfection procedures**

**Laundry**

Done on site  Yes  No

Disinfectant Used: \_\_\_\_\_

Professional Laundry Service used  Yes  No

(please provide a copy contract)

**Sewage Disposal**

Public Sewer

Septic System

**Water Supply**

Public Water

Private Well

**\*\*Please contact the following departments for required review**

Building

Fire Marshal

Sewer

Land Use

*By signing below, you attest that the information you provided above is true and accurate to the best of your knowledge. Middletown Health Department must approve any changes to the floor plan prior to its installation.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_