

Wilton Health Department

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APPLICATION FOR COSMETOLOGY/SPA PLAN REVIEW

Date: _____ Review FEE: \$100.00 NW # _____

Name of Establishment: _____

New Plan Review...\$100 _____ Renovation of Ex. Salon...\$100 _____ Plan Revision...\$100 _____

Establishment Address: _____ Establishment Phone: _____

Name of Owner: _____ Address: _____

Owner's Phone: _____ E-Mail: _____

Applicant's Name: _____ Title: _____

Mailing Address: _____ Phone: _____

E-Mail: _____

I have submitted plans/applications to the following authorities on the following dates:

Building Department _____ Planning & Zoning _____ Conservation _____

Projected Start Date of Project: _____ Projected Completion Date of Project: _____

General Business Information:

Hours of Operations: Sun _____ Mon _____ Tues _____ Wed _____
Thurs _____ Fri _____ Sat _____

Number of Seats: _____ Number of Staff: _____ Total Square Feet of Facility: _____

Number of Floors on which operations are conducted: _____

Type of Service: Please check all that apply

Nail Salon: _____ Hair Salon: _____ Barber Shop: _____ Cosmetology: _____ Spa: _____ Massage: _____

Maximum Number of Stations: _____ Chairs: _____ Booths _____ Private Therapy Rooms: _____

Please enclose the following documents:

- _____ Schedule of Proposed Services
- _____ Manufacturers' Specification sheets for each piece of equipment shown on the plan
- _____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system- if applicable)
- _____ Plan drawn to scale of proposed establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- _____ Equipment schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including 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.
2. Include: proposed schedule of services, seating capacity, lounge/waiting area.
3. Show the location and when requested, elevation drawings of all equipment.
Each piece of equipment must be clearly labeled on the plan with its common name.
4. Label and locate separate hand sinks within each Private Booth/Therapy Room when warranted by type of service.
5. Clearly designate adequate handwashing lavatories for each toilet fixture and in the janitorial closet/area.
6. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
7. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or laundry purposes. Show all features of these rooms as required by this guidance manual.
8. Include and provide specifications for:
 - a. Entrances, exits;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. 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;
 - d. Lighting schedule with protectors;

(1) At least 110 lux (10 foot candles) at a distance of 75 em (30 inches) above the floor, in areas and rooms during periods of cleaning;

(2) At least 220 lux (20 foot candles):

(a) At a surface where service is provided to the customer;

(c) At a distance of 75 em (30 inches) above the floor in areas used for hand-washing, ware washing, and equipment and utensil storage, and in toilet;

(3) Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;

(a) Ventilation schedule for each room;

(b) A mop sink or curbed cleaning facility with facilities for hanging wet mops;

(c). Cabinets for the storage of clean linen;

(d) Cabinets for storing toxic chemicals;

(e) Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

(f) Site plan (plot plan)

FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	<u>FLOOR</u>	<u>COVING</u>	<u>WALLS</u>	<u>CEILING</u>
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Other Storage Area				

INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.

	YES	NO	N/A
Will all outside doors be self-closing and rodent proof?			
Are screen doors provided on all entrances left open to the outside?			
Do all operable windows have a minimum #16 mesh screening?			
Is the placement of electrocution devices identified on the plan?			
Will all pipes & electrical conduit chases be sealed? Will all ventilation systems exhaust and intake protected?			
Is area around building clear of unnecessary brush, litter, boxes and other harborage?			

GARBAGE AND REFUSE

OUTSIDE

	YES	NO	N/A
Will a dumpster be used? Number: Size: Frequency of pick up: Contractor: Phone:			
Will a compactor be used? Number: Size: Frequency of pick up: Contractor: Phone:			
Will garbage cans be stored outside?			

1. Describe surface and location where dumpster/compactor/garbage cans are to be stored:

2. Is there an area to store recycled containers? Yes _____ No _____ N/A _____

Describe:

3. Indicate what materials are required to be recycled;

Glass _____ Metal _____ Paper _____ Cardboard _____ Plastic _____

PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	INTEGRAL TRAP	"P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
Toilets						
Urinals						
Sinks -Mop -Janitor -Hand wash						

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P." Full "S" traps are prohibited

1. Are floor drains provided & easily cleanable? If so, indicate location:

WATER SUPPLY

1. Is watersupply public _____ or private _____?

2. If private,has sourcebeen approved? YES _____ NO _____ PENDING _____
Pleaseattachcopy ofwrittenapprovaland/orpermit.

3. What is the capacity of the hot water generator? _____

4. Is the hot water generator sufficient for the needs of the establishment? YES _____ NO _____
Provide calculations for necessary hot water.

5. How are backflow prevention devices inspected & serviced?

SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? YES _____ NO _____
2. If No, is private disposal system approved? YES _____ NO _____ PENDING _____
Please attach copy of written approval and/or permit.

Provide schedule for cleaning and maintenance: _____

DRESSING ROOMS

1. Are dressing rooms provided? YES _____ NO _____
2. Describe storage facilities for employees' belongings (i.e., purse, coats, boots, umbrellas, etc.)

GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES _____ NO _____
Indicate Location: _____
2. Are all toxics for use on the premises or for retail sale (this includes personal medications) properly stored away? YES _____ NO _____
3. Are all containers of toxics (including sanitizing spray bottles) clearly labeled? YES _____ NO _____
4. Will linens be laundered on site? YES _____ NO _____
If yes, what will be laundered and where?

If no, how will linens be cleaned?

5. Is a laundry dryer available? YES _____ NO _____
6. Location of clean linen storage:

7. Location of dirty linen storage:

SINKS

1. Is a mop sink present? YES _____ NO _____

If no, please describe facility and or method for cleaning of mops and other equipment.

HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink in each Therapy Room? YES _____ NO _____

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES _____ NO _____

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES _____ NO _____

4. Is hand cleanser available at all hand washing sinks? YES _____ NO _____

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? YES _____ NO _____

6. Are covered waste receptacles available in each restroom? YES _____ NO _____

7. Is hot and cold running water under pressure available at each hand washing sink? YES _____ NO _____

8. Are all toilet room doors self-closing? YES _____ NO _____

9. Are all toilet rooms equipped with adequate ventilation? YES _____ NO _____

10. If required, is a hand washing sign posted in each employee restroom? YES _____ NO _____

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STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above information without prior permission from the Wilton Health Department may nullify final approval.

DATE: _____

Written Name: _____

SIGNATURE(S): _____

Owner or responsible representative

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required-- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing these establishments.