



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880  
T: 203-227-9571 F: 203-221-7199 W: [www.aspetuckhd.org](http://www.aspetuckhd.org)

**Fees are Non-Refundable**

**New Business/Change of Applicant Fee: \$395.00**

**Renovation to Existing Business with No Change in Applicant: \$120.00**

**Change of Plan after Approval: \$150.00**

**APPLICATION FOR New COSMETOLOGY ESTABLISHMENT PLAN REVIEW**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Town: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Phone:(\_)\_\_\_\_\_ Fax:(\_)\_\_\_\_\_

Contact Person's Email: \_\_\_\_\_ Town: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

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

Owner's Name \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Architect's Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

Architect's Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Architect's Email: \_\_\_\_\_

***I attest here that the information supplied here is accurate and correct.***

\_\_\_\_\_  
**Signature and Title** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Please Type or Print Name**

\_\_\_\_\_  
**For Office Use Only** \_\_\_\_\_

Date Application Approved:	Date Permit Issued:	Date Permit Mailed/Delivered:
By:	By:	By:



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## **APPLICATION FOR NEW COSMETOLOGY ESTABLISHMENT PLAN REVIEW**

The following documents and materials must be submitted to obtain Health District approval for renovation or construction, and must be approved by the Health District prior to the start of any construction or renovation:

- Application for plan review, with the appropriate fee. New business/Change of Applicant: **\$395.00**. Renovation to existing business with no change in applicant: **\$120.00**. Change of plan after approval: **\$150.00**
- Two (2) copies of the floor plan, drawn to scale (1/4 inch = 1 foot) for the ENTIRE establishment; includes all floors and dumpster area (Architectural Drawings/Blueprints are preferred). All applicable equipment must be shown (chairs, workstations, shampoo sinks, pedicure stations, massage tables, hand sinks, utility sink, mop sink, restrooms.)
- A numbered equipment schedule, list on prints. Cut sheets, numbered to correspond to the equipment schedule for new equipment.
- Floor and wall finishes, including description of the type of covering for floor/wall junction (cove base, molding, etc.) listed on blueprints. Cove base is required if hairdressing or barbering is done.
- Cosmetology Establishment Information Sheet (attached) must be submitted.
- Samples of flooring, cove molding and base should be submitted for approval prior to any construction.

## **PROCEDURE FOR COSMETOLOGY PLAN REVIEW**

1. Floor plans and equipment schedule are reviewed by sanitarians for Code compliance.
2. Necessary changes or modifications to plans are communicated to the owner or architect.
3. New plans, with required changes, are resubmitted for review.
4. When applicable, plans are stamped approved, and signed by Health District staff.
5. The Letter of Approval is mailed to the owner by the Health District. Letters are also mailed to the Fire Department, Building Department, Planning and Zoning, Aquarion (BHC), and Public Works.
6. Construction/renovation work may begin after zoning and building permits are obtained.
7. Health District sanitarians may inspect during construction and will inspect when construction is completed. Health District approval of construction is necessary in order to obtain a Zoning Certificate of Compliance (ZCC) from the Planning and Zoning Department and the Certificate of Occupancy (CO) from the Building Department.



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## **Cosmetology Establishment Information Sheet**

**Number of Pedicure Chairs:** \_\_\_\_\_ **Number of Manicure Stations:** \_\_\_\_\_

**Number of Barbering/Cosmetology Chairs:** \_\_\_\_\_ **Number of Treatment Rooms:** \_\_\_\_\_  
**TOTAL # OF CHAIRS, STATIONS & TREATMENT ROOMS:** \_\_\_\_\_

**Water Supply:**  Public  Private Well (Provide current well water analysis) **Sewage Disposal:**  Sewer  Septic

**Number of Licensed Individuals employed:** \_\_\_\_\_

**You must include copies of all CT licenses of service providers, as well as a government-issued photo ID for each.**

\*See attached sheet for new CT license requirements.

**Do you rent chairs or lease space to another business entity, or do any other businesses operate out of your establishment?  Yes  No**

**If yes, please list the business entity here:** \_\_\_\_\_

**Check all procedures performed on premises:**

- Hair braiding
- Cutting, trimming, shaving, or singeing the hair
- Shampooing, dressing, styling, curling, waving, or weaving the hair
- Dyeing, bleaching, or coloring the hair
- Facials, cleansing, application of cosmetic preparations, tonics, antiseptics, powders, oils, clays, creams, or lotions to the head, scalp, face, or neck
- Microdermabrasion
- Eyebrow arching, threading
- Eyelash extensions
- Hair removal by waxing (which body parts) \_\_\_\_\_
- Manicures (any associated massage requires massage licensure)
- Pedicures (any associated massage requires massage licensure)
- Massaging or manipulating the head, scalp, face, neck, arms, hands, body, legs, or feet; includes all types of massage therapy and reflexology.

**If you perform any of the following services, please see attachment with additional requirements.**

- Tattooing, permanent makeup, microblading
- Body piercings

**If laundering is required and is not proposed on site, list the name and address of the commercial service to be used. Washing/drying at home is not allowed.** \_\_\_\_\_

**List all chemicals and sterilizing devices used for sanitizing/disinfecting purposes:** \_\_\_\_\_



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## **Proposed Cosmetology Establishment Sink Requirements**

- At least one (1) hand wash sink shall be located in each work area, private treatment room and mixing area
- A separate and designated utility sink shall be provided for the following: proper cleaning of surfaces, such as walls and floor, proper cleaning of equipment and implements, and mixing of chemicals
- A mop and mop sink must be provided for cleaning the floor and emptying the mop bucket - If shampoo sinks are proposed, 1 shampoo sink is required per every 3 workstations

**Any establishment offering tattooing, body piercing, or permanent make-up shall provide the following upon request:**

- (a) Name of licensed physician providing direct supervision\*
- (b) Copy of physician's current CT license\*
- (c) Letter of inspection dated and signed by physician (annually)\*
- (d) Credentials and training certificate of individual providing procedures
- (e) Record of annual Bloodborne Pathogens Training
- (f) The procedure for removing sharps containers from the premises
- (g) List of personal protective equipment used by provider
- (h) Procedure for decontamination and sterilization of equipment and surfaces (i) Procedure for handling contaminated linens

**\*Note: A, B, & C, only required for tattooing.**



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## **New license requirements by the Connecticut Department of Public Health for the following professions:**

On and after July 1, 2020, except as allowed by law, no person may practice as an esthetician without obtaining a license or temporary permit from the Department of Public Health. "Esthetics" means services related to skin care treatments, (A) including, but not limited to, cleansing, toning, stimulating, exfoliating or performing any similar procedure on the human body while using cosmetic preparations, hands, devices, apparatus or appliances to enhance or improve the appearance of the skin; makeup application; beautifying lashes and brows; or removing unwanted hair using manual and mechanical means, and (B) excluding the use of a prescriptive laser device; the performance of a cosmetic medical procedure, as defined in section 19a-903c; any practice, activity or treatment that constitutes the practice of medicine; makeup application at a rented kiosk located in a shopping center or the practice of hairdressing and cosmetology by a hairdresser and cosmetician licensed pursuant to this chapter that is within such licensee's scope of practice.

On and after July 1, 2020, except as allowed by law, no person may practice as an eyelash technician without obtaining a license or temporary permit from the Department of Public Health. "Eyelash technician" means a person, who for compensation performs individual eyelash extensions, eyelash lifts or perms and eyelash color tints.

On and after January 1, 2021, except as allowed by law, no person may practice as a nail technician without obtaining a license or temporary permit, or a nail technician trainee license from the Department of Public Health. "Nail technician" means a person who for compensation cuts, shapes, colors, cleanses, trims, polishes or enhances the appearance of the nails of the hands or feet, excluding any practice, activity or treatment that constitutes the practice of medicine.

To obtain the appropriate license, you must contact the Connecticut Department of Public Health at 860509-8000 or visit their website at [portal.ct.gov/dph](http://portal.ct.gov/dph).