Town of Darien
Health Department

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APPLICATION FOR PLAN REVIEW OF SALON

NOTE: A complete set of architectural plans must be submitted with the $100 fee

Name of Facility: _____

Address: _____ email: _____

Check appropriate box: ☐ New Facility ☐ Renovation / Addition to existing facility

Name of Owner: _____

Address: _____

Phone: _____ email: _____

Plans Prepared By: _____

Contact information: email: _____ Phone: _____

Plan Date: _____ Revision Date: _____

Type of Services: (please check all services provided)

☐ **Hair styling**
- ▫ Cutting, trimming, styling
- ▫ Shampooing, processing, coloring

☐ **Nails**
- ▫ Manicures or pedicures

☐ **Massage & Body Treatments**
- ▫ Massaging, cleansing, exercising, stimulating, manipulating or application of oil/cream/lotion by hand or mechanical appliance to the face, neck or arms of a person
- ▫ Hot stone therapy
- ▫ Tanning
- ▫ Body art/tattoo

☐ **Facials & Skin Treatments**
- ▫ Application of creams/lotions to the body
- ▫ Microdermabrasion or "peels"
- ▫ Hair removal/waxing

☐ Other, please describe _____

Signature of Applicant: _____ **Date:** _____

For office use only:

Date Plans Received: _____ Plans Reviewed By: _____

Plan Approval Date: _____