



# Connecticut River Area Health District (CRAHD)

Old Saybrook   Clinton   Deep River   Haddam   Chester   Killingworth   Durham

## Salon Plan Review Application Form

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

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

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Manager Name: \_\_\_\_\_

Water Supply: \_\_\_\_\_ Public Water \_\_\_\_\_ Well Water  
Sewage \_\_\_\_\_ Sewer \_\_\_\_\_ Septic System

Hours of Operation: \_\_\_\_\_

List all Services and Specify the # of Stations for each Service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I attest that the information supplied on this application is accurate and correct.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**Fee: \$150.00**

FORM SUBMITTAL: EMAIL OR (MAIL OR DROPOFF COMPLETED FORM)

Email: [crahdoffice@crahd.net](mailto:crahdoffice@crahd.net)



Scan & Pay

\_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Charge

Phone: (860) 661-3300

Web: [www.crahd.info](http://www.crahd.info)

CT River Area Health District  
455 Boston Post Road, Suite #7  
Old Saybrook, CT 06475



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**Please ATTACH OR DRAW a floor plan showing the location of all equipment and facilities in the space below**

A large, empty rectangular box with a thin orange border, intended for the user to attach or draw a floor plan showing the location of all equipment and facilities.

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