# Town of Darien

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**FEE: $100.00**

**APPLICATION for PLAN REVIEW OF SALON**

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

**NAME OF FACILITY:** _____

**Address:**_____ _____ **email:** _____

**Check appropriate box: [ ] New Facility [ ] Renovation / Addition to existing facility**

**NAME OF OWNER:** _____

**ADDRESS:** _____

**TELEPHONE:** _____**email**_____

**Plans Prepared By:**_____

**Contact information: email**_____ **Phone**_____

**Plan Date:**_____ **Revision Date:**_____

**TYPE OF SERVICE: Please check the appropriate box(es):**

**[ ] Hair styling**

**[ ] Nails; manicure and/or Pedicure**

**[ ] Massage**

**[ ] Cosmetology; Facials & Skin Treatment**

**[ ] Tanning**

**[ ] Body Art/Tattooing**

**[ ] Other, please describe** _____

**WORK STATION INFORMATION: Number of stations and fixtures provided:**

_____

_____

_____

**SIGNATURE OF APPLICANT:** _____ **DATE:** _____

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**For office use only**

**Date Plans Received:** _____ **Plans Reviewed By:** _____

**Plan Approval Date:** _____

02-27-13 DK