



2022-2023

COSMETOLOGY PLAN REVIEW

Submit the Plan Review Fee of \$100.00 along with a copy of the floor plan information in accordance with the CHD Sanitary Code.

Name of Establishment: _____

Address of Establishment: _____

Mailing Address: _____

Phone: _____

E-Mail: _____

Name of Owner: _____

Name of Operator: _____

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

List Type of Services Provided: _____

Number of Stations: _____ **Number of technicians:** _____ **Total Square Footage:** _____

Licensed Cosmetologists:

Name	License#

Fee Paid: _____ **Check:** _____ **Cash:** _____ **Date:** _____

I have been provided a copy of the Chatham Health District Cosmetology Regulations and have had an opportunity to ask questions. _____ *initials*