



Commonwealth of Virginia
Chesapeake Health Department
Division of Environmental Health
 748 North Battlefield Boulevard
 Chesapeake, VA 23320
 (757) 382-8672 Fax (757) 382-8713

Office Records
Date Received _____
\$40 Plan Review _____
\$40 Annual Permit _____

MASSAGE THERAPY ESTABLISHMENT PLAN REVIEW APPLICATION
THIS IS NOT A PERMIT TO OPERATE

*Please print or type the information requested below and return the completed application. Application with plan review fee of \$40 must be submitted to the Chesapeake Health Department for review and approval before any work may be done in the massage therapy establishment. If any existing equipment is to be replaced or new equipment is installed, the manufacturer's specifications must also be submitted. Please contact our office at (757)-382-8672 for more information.

Name of Establishment: _____
 Facility Address: _____ Suite # _____
 Facility Phone: _____ Fax number: _____
 Billing Address: _____

Name of Owner _____
 Mailing Address: _____
 Telephone: _____

Contact Person & Title (architect, manager, builder, etc.): _____
 Mailing address: _____
 Telephone: _____

Email Address: _____ (Important for Product Recalls & Public Health Emergencies)
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I have submitted plans/applications to the authorities on the following dates:

_____ Development & Permits	_____ Commissioner of Revenue
_____ Zoning	

Projected Date for Completion of Project: _____

Number of Stations: _____ **Type of Services:** _____

Checklist of required documents:

_____ Board of Nursing license, physician letter, and TB test/risk assessment documentation for all practitioners/technicians	_____ Site plans showing location of business in building: location of building on site including location of any outside equipment.
_____ Architectural plans drawn to scale of establishment showing location of equipment, plumbing, electrical services (including lighting), mechanical ventilation and room finishes.	_____ Manufacturer specification sheets for each piece of equipment shown on the plan

FACILITY REVIEW (circle or enter your answer where applicable)

- | | |
|--|--------|
| 1. Are dressing areas separated by dividers, curtains or partitions? | YES/NO |
| 2. Is each patron provided with adequate dressing space? | YES/NO |
| 3. Is there at least 20 foot candles (Fc) of light provided in each working/operator area? | YES/NO |
| 4. Are all rooms equipped with adequate ventilation? | YES/NO |
| 5. Is refuse stored in suitable air tight containers with lids? | YES/NO |
| 6. Are bathtubs provided for patron use? | YES/NO |
| 7. Are steam rooms provided for patron use? | YES/NO |
| 8. Where will janitorial equipment, supplies and storage space be provided? _____ | |

WATER SUPPLY

- | | |
|--|--------|
| 1. Is the facility's water supply public or private? _____ | |
| If private, has the source been approved? Attach a copy of written approval and/or permit. | YES/NO |
| Provide schedule for cleaning & maintenance | |

SEWAGE DISPOSAL

- | | |
|--|--------|
| 1. Is the building connected to city sewer? _____ | |
| If no is the private disposal system approved? Attach a copy of written approval and/or permit | YES/NO |

SANITATION

- Describe how unused liquids, single use implements, and other contaminated item(s) will be managed and disposed.

- How will non-disposable equipment be cleaned and sanitized after use upon one patron?

- How will linens be laundered? _____
- Where will soiled linens be stored? _____

HANDWASHING/TOILET FACILITIES

- | | |
|---|--------|
| 1. Number of hand sinks: _____ | |
| 2. Is there a hand sink in each toilet room? | YES/NO |
| 3. Do all hand sinks, have a mixing valve or combination faucet allowing hot and cold water? | YES/NO |
| 4. Are hot and cold, running water under pressure, available at each hand sink with, hot water reading at least 100° F? | YES/NO |
| 5. Is hand soap available at all hand sinks? | YES/NO |
| 6. Are disposable paper towels available at all hand sinks? | YES/NO |
| 7. Are covered waste receptacles available in all operator areas and restrooms? | YES/NO |
| 8. Are all toilet room doors self-closing? | YES/NO |

Please answer every question that applies to your massage therapy establishment operation. Ensure your plans are complete.

Approval of these plans and specifications by the Chesapeake Health Department does not indicate compliance with any other code, law or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing massage therapy establishments.

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Chesapeake Health Department may nullify final approval.

Signature _____

Print Name _____

Date: _____

For Official Use: Items Submitted in Packet

- ___ Plan review fee of \$40
- ___ Permit application with \$40 fee
- ___ Manufacturer specifications for equipment
- ___ Plans drawn to scale
- ___ Practitioner/technician documentation

Make checks payable to:
 Chesapeake Health Department or CHD
 748 Battlefield Boulevard, North
 Chesapeake, VA 23320

Plans Reviewed and Approved EHS: _____ Date: _____

EHS: _____ Date: _____