



Board of Health  
**Borough of Palisades Park**

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Palisades Park, New Jersey 07650  
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Christopher Chung  
Mayor

Branka Lulic, MPA, H.O.  
Health Officer/Administrator

***PLAN REVIEW APPLICATION***  
***Cosmetology Shops***

- Plan Review Fee: \$225.00 (make checks payable to: *Palisades Park Health Department*).
- Complete the below and submit along with one set of architectural plans/blue prints and the fee.
- Plans will be reviewed within 30 days from the date of submission for approval or denial.
- Compliance with all Boro Departments/Ordinances/Approvals shall be met.

**Applicant/Business Owner Information**

Business Owner Name: \_\_\_\_\_

Business Owner Home Address: \_\_\_\_\_

Business Owner Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

\*If applicable, Contact Person/Phone Number (Manager, etc.):

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Business Information**

Business Legal Name (Corp/LLC): \_\_\_\_\_

Business Trade Name (DBA): \_\_\_\_\_

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

Business Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

\*If applicable, Contact Person (Manager, etc.):

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Type of Plan Review** (check one)

- 1. New Business/New Construction
- 2. Remodel/Renovations/Alterations (existing business)
- 3. Change of Ownership Only (existing business)
- 4. Change of Ownership and Remodel/Renovations/Alterations (existing business)
- 5. Change of Business Name Only (same owner/no alterations – blue print not needed)

**Project Scope**

Brief description of services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Licensure**

- 1. Submit a copy of NJ Board of Cosmetology experienced practitioner’s license
- 2. Submit a copy of NJ Board of Cosmetology shop license (existing/apply for new license/submit upon approval/issuance from State Board)

**Please Read and Sign**

I have examined and read the above application, and by signing this application, I am certifying that the above stated information and any documents submitted in support of this application are true, complete, and accurate and that all applicable laws and regulations for the State of New Jersey and Borough of Palisades Park will be complied with.

**X** \_\_\_\_\_  
**Applicant Signature** **Date of Signature**

**OFFICE USE ONLY**

Date Submitted: \_\_\_\_\_ Fee Paid: \$225 (Check No: \_\_\_\_\_ or Cash: \_\_\_\_\_)

Reviewer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Action Taken:      Approve \_\_\_      Disapprove \_\_\_      Pending \_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_