



CITY OF NEW HAVEN

DEPARTMENT OF FIRE SERVICE



Office of the Fire Marshal

Justin Elicker

Mayor

John Alston

Chief

Scott Dillon

Fire Marshal
952 Grand Avenue
P.O. Box 374
New Haven, CT 06502

FAX: (203) 946-8383

INSPECTION CERTIFICATE

Effective 1/1/10, changes to Section 17-201.4 of the New Haven Code of Ordinance requires payment for certain types of Fire Marshal office inspections prior to issuance of this certificate.

On 6/9/2023 the New Haven Office of the Fire Marshal conducted an inspection of Mason Lab located at 9 Hillhouse Ave.

in the City of New Haven to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a(n) new / existing Assembly as classified by the CONNECTICUT STATE FIRE SAFETY CODE. As a result of this inspection, the following conditions were found by HBA:

- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (See attached information). **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approval plan of correction was submitted. (See attached information). **Certificate of approval Not recommended.**
- IV. Based on the extreme hazard to public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information). **Certificate of approval Not recommended.**

(Date)

6/9/23

Scott Dillon
Fire Marshal

Douglas Wardlaw
Acting Deputy Fire Marshal

Frank Filardo
Life Safety Compliance Officer

Heather Allen
Public Assembly Inspector

Fee Applies: Yes No Fee Amount: _____

For Office Use Only

Date Paid: _____

Rcvd by: HBA