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CITY OF NEW HAVEN
DEPARTMENT OF FIRE SERVICE

Office of the Fire Marshal

Justin Elicker

Mayor

John Alston

Chief

INSPECTION CERTIFICATE

Jerry Rynich
Acting Fire Marshal
Fire Marshal's Office
952 Grand Avenue
P.O. Box 374
New Haven, CT 06511
TEL: (203) 946-6232
FAX: (203) 946-8383

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 ___5/6/25___ the New Haven Office of the Fire Marshal conducted an inspection

of _____Watson Center_____

located at _____60 Sachem Street, New Haven, CT 06511_____

in the City of New Haven to determine the degree of compliance with the fire safety requirements

of Connecticut General Statutes Chapter 5410 as authorized by Section 29-305 of the statutes.

This facility was evaluated as an **Existing Assembly** as classified by the

CONNECTICUT STATE FIRE SAFETY CODE. As a result of this inspection, the following

conditions were found by: Steve Martin FM5

☒	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 <u>Not</u> 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 <u>Not</u> recommended.**

_____Steve Martin_____   ___5 /6/25___

(Signature)   *(Date)*

Jerry Rynich   Heather Dillon   Fernando Ramirez
☐ Acting Fire Marshal   ☐ Acting Deputy Fire Marshal   ☐ Acting Life Safety Compliance Officer   ☐

For Office Use Only

Fee Applies: Yes ___ No ___   Fee Amount: ___   Date Paid: _____   Rcvd by: _____