

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

Effecti	ive 1/1/1	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/	the New Haven Office of the Fire Marshal conducted an inspection
of		llman
locat	ted at _	505 College St, New Haven, CT 06511
in th	e City	New Haven to determine the degree of compliance with the fire safety requirements
of C	onnect	at General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This
facil	ity was	valuated as an Existing Assembly as classified by the
CON	NECT	CUT STATE FIRE SAFETY CODE. As a result of this inspection, the following
cond	litions	ere found by: Steve Martin FM5
\boxtimes		t the time of inspection, no code violations were identified. ertificate of approval recommended.
		t the time of inspection, conditions were discovered to be contrary to the minimum quirements of these codes. An acceptable plan of correction was submitted. (See tached information). Certificate of approval recommended.
		t the time of inspection, conditions were discovered to be contrary to the minimum quirements of these codes. No approval plan of correction was submitted. (<i>See tached information</i>). Certificate of approval Not recommended.
		ased on the extreme hazard to public safety discovered at the time of this inspection, is office is currently seeking an injunction from the court through our City Attorney r the purpose of closing or restricting usage of this facility by the public. (<i>See tached information</i>). Certificate of approval Not recommended.
		Steve Martin (Signature) _5 /6/25 (Date)
	erry Ryni cting Fire	Heather Dillon Fernando Ramirez Marshal Acting Deputy Fire Marshal Acting Life Safety Compliance Officer
Fee A	pplies: Y	For Office Use Only No Fee Amount: Date Paid: Revd by: