

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

Ејјест	ive 1/1/	10, cnanges			ven Coae of Orainance re rior to issuance of this ce		or certain types of
On	5/6	5/25 th	e New Haven Of	fice of the F	ire Marshal conducte	ed an inspection	n
of	212 York						
loca	ted at		212 York Str	eet, New Ha	even, CT 06511		
in th	e City	of New 1	Haven to determin	ne the degre	e of compliance with	n 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							
\boxtimes	I.		me of inspection, ate of approval 1		lations were identifi ed.	ed.	
	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. (<i>See attached information</i>). 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. (<i>See attached information</i>). 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. (<i>See attached information</i>). Certificate of approval Not recommended.					
		S	Steve Martin	1		<u>5/6/25</u>	ute)
	erry Ryi cting Fi	nich ire Marshal	Heather Dillon Acting Deputy	Fire Marshal	Fernando Ramirez Acting Life Safety C	,	
Fee A	applies: \	Yes No _	Fee Amount:	Date Paid:	Rcvd by:		For Office Use Only