



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
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New Haven, CT 06511
TEL: (203) 946-6232
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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 4/29/2026 the New Haven Office of the Fire Marshal conducted an inspection of Timothy Dwight College

located at 345 Temple Street 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 an Existing Dormitory 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 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.

Steve Martin

(Signature)

04/29/26

(Date)

- Jerry Rynich Acting Fire Marshal
Heather Allen Acting Deputy Fire Marshal
Fernando Ramirez Acting Life Safety Compliance Officer

Fee Applies: Yes ___ No ___X___ Fee Amount: _____ Date Paid: _____ Rcvd by: _____ For Office Use Only