

CITY OF NEW HAVEN

DEPARTMENT OF FIRE SERVICE



Office of the Fire Marshal

Justin Elicker

Mayor

John Alston

Chief

INSPECTION CERTIFICATE

Fire Marshal Fire Marshal's Office 952 Grand Avenue P.O. Box 374 New Haven, CT 06511

Scott Dillon

TEL: (203) 946-6232 FAX: (203) 946-8383

Effecti	ve 1/1/	0, changes to Section 17-201.4 of the New Haven Code of Ordinance requires paym Fire Marshal office inspections prior to issuance of this certificate.	ent for certain types of
On	6/1	0/24 the New Haven Office of the Fire Marshal conducted an insp	pection
of	17 Hillhouse Ave.		
locat	ed at	17 Hillhouse Ave, New Haven, CT 06511	
in the	e City	of New Haven to determine the degree of compliance with the fire sa	afety requirements
of Co	onnec	cut General Statutes Chapter 541 as authorized by Section 29-305 of	the statutes. This
facili	ty wa	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.	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.	II. 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 <u>Not recommended.</u>	
	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) 6 /10/2	24 (Date)
	cott Dil re Mars		ner Allen embly Inspector

Fee Amount:

Date Paid: _