

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	ive 1/1/1	10, changes	to Section 17-201.4 o Fire Marshal office			requires payment for certain types of certificate.	
On	6/1	0/24 th	ne New Haven O	ffice of the Fire	e Marshal condu	acted an inspection	
of	Ezra Stiles College						
locat	ted at	30	2 York St, New I	Haven, CT 065	11		
	_					th the fire safety requirements	
of Co	onnect	ticut Gene	eral Statutes Char	oter 541 as auth	orized by Section	on 29-305 of the statutes. This	
facil	ity wa	s evaluate	ed as an Existing	Dormitory as	classified by the	e	
CON	NNEC'	TICUT S'	TATE FIRE SA	FETY CODE.	As a result of	this inspection, the following	
cond	litions	were four	nd by: Steve Mar	rtin FM5			
\boxtimes	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. (<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	teve Martin (Signature)	<u>l</u>		6/10/24 (Date)	
	cott Dill		Shakira Samuel Deputy Fire Marshal		nk Filardo Compliance Officer	Heather Allen Public Assembly Inspector	
Fee A	pplies: Y	es No_	Fee Amount:	Date Paid:	Revd by:	For Office Use Only	