



CITY OF NEW HAVEN
DEPARTMENT OF FIRE SERVICE



Office of the Fire Marshal

Justin Elicker

Mayor

John Alston

Chief

INSPECTION CERTIFICATE

Scott Dillon
Fire Marshal
Fire Marshal's Office
952 Grand Avenue
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New Haven, CT 06502
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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 May 10, 2022 the New Haven Office of the Fire Marshal conducted an inspection
493 College Street

located at 493 College Street, New Haven

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 a(n) [ ] new / [X] existing Assembly as classified by the CONNECTICUT STATE FIRE SAFETY CODE. As a result of this inspection, the following conditions were found by: JForslund FM1

- [X] 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.

Jennifer Forslund FM1

May 10, 2022
(Date)

[ ] Fire Marshal [X] Deputy Fire Marshal [ ] Life Safety Compliance Officer [ ] Public Assembly Inspector

Fee Applies: Yes \_\_\_ No \_\_\_ Fee Amount: \_\_\_ Date Paid: \_\_\_ Rcvd by: \_\_\_ For Office Use Only