



CITY OF NEW HAVEN
DEPARTMENT OF FIRE SERVICE



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Office of the Fire Marshal

Justin Elicker
Mayor

John Alston
Chief

Scott Dillon
Fire Marshal
Fire Marshal's Office
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INSPECTION CERTIFICATE

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 6/10/24 the New Haven Office of the Fire Marshal conducted an inspection of 493 College Street

located at 493 College St, New Haven, CT 06511

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 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

- 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)

6/10/24

(Date)

- Scott Dillon Fire Marshal, Shakira Samuel Deputy Fire Marshal, Frank Filardo Life Safety Compliance Officer, Heather Allen Public Assembly Inspector

Fee Applies: Yes ___ No ___ Fee Amount: ___ Date Paid: ___ Rcvd by: ___

For Office Use Only