

## 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 952 Grand Avenue P.O. Box 374 New Haven, CT 06502

FAX: (203) 946-8383

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.

of SSS

located at <u>1 Prospect Street</u>

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  $a(n) \square$  new /  $\boxtimes$  existing Assembly as classified by the CONNECTICUT

STATE FIRE SAFETY CODE. As a result of this inspection, the following conditions were found

by HBA:

| $\square$ | 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 <u>Not</u> 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. |
|           |                       | (Date) 6/9/23   |
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| Fee A     | Applies: Y            | Yes  No  Fee Amount:  For Office Use Only    Date Paid:   |