

Department of Public Safety  
Division of Fire, Emergency & Building Services  
Office of State Fire Marshal



STATE OF CONNECTICUT

On (date) \_\_\_\_\_, the (Town/City) \_\_\_\_\_ Office of the Fire Marshal conducted an inspection of (name of facility) \_\_\_\_\_ located at (address) \_\_\_\_\_ in the City/Town of \_\_\_\_\_ 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 (new/existing) \_\_\_\_\_ (occupancy classification) \_\_\_\_\_ as classified by the *CONNECTICUT FIRE SAFETY CODE*. As a result of this inspection, the following conditions were found:

- 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 approved 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 Town/City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information) **Certificate of approval NOT recommended.**

\_\_\_\_\_  
Fire Marshal

\_\_\_\_\_  
Date

City or Town: \_\_\_\_\_