

Fire Marshal Office

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 inspection, this office is currently seeking an injunction from the court through out 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's Signature

_____/_____/_____
Date Signed

City or Town: _____