

STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL DISABILITIES

FIRE MARSHAL'S ANNUAL CERTIFICATE

This is to certify that on _____ 20____ an
Inspection was made of _____ in the town of _____

The building, equipment, and precautions taken to provide for the safety of
residents in case of fire at said residence are hereby approved according to the
Connecticut Fire Safety Code (NFPA 101) Chapter ____

In witness whereof I have affixed by signature here to this day of _____
2010

Fire Marshall

City or Town