



# Summons - For Civil Penalties Only

## NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE • Division of Environmental Health

Permit/Accela/CAMIS No. <b>50072023</b>	Complaint No. <b>C2017-0298 L2016-0196</b>	Inspection Date <b>1/26/18</b>	Time <b>14:30</b>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>3</b> / <b>6</b> / 20 <b>18</b>	<b>9:30</b>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	HEARING DATE
					MONTH	DAY	YR	TIME

BUREAU  
**EDIP  
HHP**

A hearing in this matter has been scheduled at the NYC Office of Administrative Trials and Hearings – Hearings Division 1-844-OATH-NYC (1-844-628-4692): NYC Charter Sections 1048 and 1049 and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings. For hearing options, see other side of this Summons.

<input type="checkbox"/> Bronx 3030 Third Avenue Bronx, NY 10455	<input type="checkbox"/> Brooklyn 9 Bond Street, 6th Floor Brooklyn, NY 11201	<input checked="" type="checkbox"/> Manhattan 66 John Street, 11th Floor New York, NY 10038	<input type="checkbox"/> Queens 31-00 47th Ave, 3rd Floor Long Island City, NY 11101	<input type="checkbox"/> Staten Island 350 St. Marks Place Staten Island, NY 10301
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- ▶ You must respond to this Summons by either appearing at the scheduled hearing or by following one of the other options listed on the back of this Summons.
- ▶ Failure to respond may result in a default judgement being issued against you, which means you will be found in violation of all allegations described below and any fines imposed will be doubled.
- ▶ Please read the back of this Summons carefully, as it contains instructions regarding your rights, options, and obligations for responding to the allegations.

VIOLATION ADDRESS <b>514 East 12 St</b>	ADDRESS NO. & STREET	BOROUGH <b>Common Area Manhattan</b>	STATE <b>NY</b>	ZIP <b>10009</b>
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Visit [nyc.gov/healthcode](http://nyc.gov/healthcode) to find the NYC Health Code and Health Department regulations.

**SUMMONS # 16646-17Q1**

← You must reference the Summons Number listed to the left in all correspondence or inquiries to the Hearings Division.

NO.	CONDITION	CODE SECTION (Unless otherwise noted Code is the NYC Health Code)	DESCRIPTION
1	H2	3.09173.HK00006	Failure to properly perform daily cleanup <del>Creating a dust or a lead dust nuisance, in that</del> visible construction dust was observed in the common public hallway on the fourth floor in front of apartment doors to 12A and 14. No containment was observed in the vicinity on the fourth

NO.	CONDITION	CODE SECTION (Unless otherwise noted Code is the NYC Health Code)	DESCRIPTION
			Proceedings will be held under the authority of the NYC charter section 558 and the rules of the city of New York at 24 RCNY titles I-V.

NO.	CONDITION	CODE SECTION (Unless otherwise noted Code is the NYC Health Code)	DESCRIPTION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE EMPLOYEES MUST SHOW IDENTIFICATION. I, an employee of the agency named above, affirm under penalty of perjury that I personally observed the commission of the violation(s) charged above and/or verified their existence through a review of departmental records. False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.

DOHMH REP. SIGNATURE: <i>[Signature]</i>	NAME (PRINT) <b>Yip Li</b>	I.D. # <b>1700</b>
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RECEIVED BY: NAME (PRINT) <b>70162140000101033908</b>	SIGNATURE	TITLE	<b>523848</b>
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Respondent <b>Silverstone Property Group</b>	d/b/a	Address No. and Street <b>825 Third Ave 36FL</b>	Borough <b>Manhattan</b>	State <b>NY</b>	ZIP <b>10022</b>
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← THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND

I acknowledge that I have received a copy of this Summons and instructions for responding, and that I am authorized to accept service of this Summons.  
AT-18/3B (Rev. 01/16) **C2017-0298 L2016-0196**

RESPONDENT MUST APPEAR IN PERSON

**SUMMONS - RESPONDENT COPY**



The agency named on the front of this Summons has alleged that you committed the described violation or violations. **Note:** If the charge on the front of the Summons states you **MUST APPEAR IN PERSON**, then you **or an authorized representative must attend** the hearing in person. See the front of this Summons for the date, time and location of your hearing. In some cases, the agency may offer you the chance to enter into a stipulation or settlement agreement. If you are eligible, the agency will send you a letter in the mail. To accept the stipulation or settlement, follow the instructions in the letter.

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If a stipulation or settlement is offered to you and you do not accept it, the independent NYC Office of Administrative Trials and Hearings will hear and decide your case. **If you do not accept the settlement or show up for your hearing, a default judgment may be entered against you and additional penalties may be imposed.**

**If your case is NOT marked “MUST APPEAR IN PERSON,” you may deny the charges or their severity by presenting a defense online, by phone or by mail.**

- **Online:** To submit a defense online, visit [www.nyc.gov/oath](http://www.nyc.gov/oath).
- **Phone:** To schedule a hearing by phone, call (212) 436-0817.
- **Mail:** To submit a defense by mail, send a signed statement of facts that must say, “My signature in this statement certifies that all facts in it are true,” with all documents you wish to have considered to: **OATH Mail Unit, 66 John Street, 11<sup>th</sup> Floor, New York, NY 10038.**

**To present a defense in person:**

- You or an authorized representative must appear in person on the hearing date at the time and location on the front of this Summons.
- If no location is listed or checked off, you may appear at **any** OATH Hearings Center on the date and time indicated on this Summons (see locations below).
- Please be fully prepared for a hearing at that time by bringing this Summons and all of your evidence with you.
- If you require assistance with English, free language assistance will be provided.

**Reasonable Accommodation:** If you have a disability and require a reasonable accommodation on the day of your hearing, call the phone number listed below.

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**Note:** YOU HAVE THE RIGHT TO BE INFORMED OF THE MAXIMUM PENALTY. Pursuant to the New York City Health Code, §3.11, a penalty of not less than \$200 and not more than \$2000 may be imposed for each Health Code violation. For non-NYCHC violations please see the cited statute/regulation for maximum penalties. The penalty for certain violations may be found in regulations available at [nyc.gov/health](http://nyc.gov/health). Higher penalties may be imposed for each repeated violation up to the maximum penalty allowed by law or regulation.

NYC Charter Sections 1048 and 1049 and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings.

### **OATH HEARINGS CENTERS**

Tel: 1-844-OATH-NYC (1-844-628-4692) – [www.nyc.gov/oath](http://www.nyc.gov/oath)

- Manhattan:** — 66 John Street, 11<sup>th</sup> Floor, New York, NY 10038
- Brooklyn:** — 9 Bond Street, 6<sup>th</sup> Floor, Brooklyn, NY 11201
- Queens:** — 31-00 47<sup>th</sup> Avenue, 3<sup>rd</sup> Floor, Long Island City, NY 11101
- Bronx:** — 3030 Third Avenue, Room 250, Bronx, NY 10455
- Staten Island:** — 350 St. Mark’s Place, Main Floor, Staten Island, NY 10301





### Summons - For Civil Penalties Only

## NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE • Division of Environmental Health

Permit/Accela/CAMIS No. <b>50072023</b>	Complaint No. <b>C2017-0298 L2016-0196</b>	Inspection Date <b>1/26/18</b>	Time <b>14:30</b>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>3</b> / <b>6</b> / 20 <b>18</b>	<b>9:30</b>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	HEARING DATE →
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VIOLATION ADDRESS <b>514 East 12 St</b>	ADDRESS NO. & STREET	BOROUGH <b>Common Area</b>	STATE <b>Manhattan</b>	ZIP <b>NY 10009</b>
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**SUMMONS # 16646-17Q1**

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DOHMH REP. SIGNATURE: <i>[Signature]</i>	NAME (PRINT) <b>Yip Li</b>	I.D. # <b>1700</b>
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RECEIVED BY: NAME (PRINT) <b>70162140000101033908</b>	SIGNATURE	TITLE	<b>523848</b>
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I acknowledge that I have received a copy of this Summons and instructions for responding, and that I am authorized to accept service of this Summons.

RESPONDENT MUST APPEAR IN PERSON

Respondent <b>Silverstone Property Group</b>	d/b/a
Address No. and Street <b>825 Third Ave 36 Fl</b>	
Borough <b>Manhattan</b>	State <b>NY</b>
	ZIP <b>10022</b>

THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND



Date: 1/26/18	Start Time: 14:30	End Time: 15:00	New York City Department of Health and Mental Hygiene Healthy Homes Program/Lead Poisoning Prevention 125 Worth Street, 6th Floor CN 58, New York, NY 10013 (646) 632-6002 <b>INSPECTION REPORT</b>	Child ID Number	
Activity Type: <input type="checkbox"/> Case <input type="checkbox"/> Primary Prevention <input type="checkbox"/> 10-14 (Low Act)				<input checked="" type="checkbox"/> Work Practice Complaint <input type="checkbox"/> Peeling Paint Complaint	LASU Order Number: C 2017 0298 Order Number:
				<input type="checkbox"/> Docket Number: 16646-170 LASU Number: L 2018 0196	

<b>ADDRESS INFORMATION</b>				
Child: (Last)	(First)	Address Type: CMPLT	Building Type: <input type="checkbox"/> 1-2 Family <input checked="" type="checkbox"/> Multi Dwelling <input type="checkbox"/> Other	Home Phone Cell Phone Work Phone
Address: <input type="checkbox"/> New 514 East 12 Street			Apt: CMN	Floor: 1-5
			Borough: 1	Zip Code: 10009
			HD: 14	6200

<b>OWNER INFORMATION</b>				
Name: (Last) (First)		Home Phone ( )		Cell Phone ( )
Silverstone Property Group		Work Phone (646) 786-8000		
Address: 825 Third Ave		Apt: 36 FL	City: New York	State: NY
			Zip Code: 10022	

<b>CONTRACTOR INFORMATION</b>				
Company Name		Project Contact		Phone ( )
				Fax ( )
Address		Apt	City	State
				Zip Code
		EPA Certificate Number		

<b>CASE EVENTS</b>		<b>ENVIRONMENTAL EVENTS</b>		<b>SAFETY EVENTS</b>	
Event Code	Result Code	Event Code	Result Code	Event Code	Result Code
				SI	KNOW
Early Intervention <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Window Guard <input type="checkbox"/> Violation <input checked="" type="checkbox"/> No Violation	Sibling Information Child ID _____ Child ID _____ Child ID _____ Child ID _____			
Healthy Homes Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No		Safe House: <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted <input type="checkbox"/> Family Currently in Safe House			

<b>SAMPLE INFORMATION</b>				
Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples	Dust Wipes: # of Positive
Other Samples - Type and Quantity (describe)				

<b>HEALTH CODE VIOLATIONS</b>						
General Provisions	Administrative Requirements	Work Methods	Occupant Protection			
			Orders or >100ft <sup>2</sup> or Removing Windows		2 - 100ft <sup>2</sup>	
<input type="checkbox"/> 3.05 <input checked="" type="checkbox"/> 3.07 <input type="checkbox"/> 3.09 <input type="checkbox"/> 3.15 <input type="checkbox"/> 173.13(a)(1)	<input type="checkbox"/> 173.14 (c)(1)(A) <input type="checkbox"/> 173.14 (c)(1)(B) <input type="checkbox"/> 173.14 (c)(2)(A) <input type="checkbox"/> 173.14 (c)(2)(B)(i)(aa) <input type="checkbox"/> 173.14 (c)(2)(B)(i)(bb) <input type="checkbox"/> 173.14 (c)(2)(B)(i)(cc) <input type="checkbox"/> 173.14 (c)(2)(B)(ii)(aa) <input type="checkbox"/> 173.14 (c)(2)(B)(ii)(bb) <input type="checkbox"/> 173.14 (c)(2)(B)(iii) <input type="checkbox"/> 173.14 (c)(3)(A)	<input type="checkbox"/> 173.14(d)(1)(A) <input type="checkbox"/> 173.14(d)(1)(B) <input type="checkbox"/> 173.14(d)(2)(A) <input type="checkbox"/> 173.14(d)(2)(B) <input type="checkbox"/> 173.14(d)(2)(C) <input type="checkbox"/> 173.14(d)(2)(D) <input type="checkbox"/> 173.14(d)(2)(E)	<input type="checkbox"/> 173.14(d)(2)(F) <input type="checkbox"/> 173.14(d)(3)(A) <input type="checkbox"/> 173.14(d)(3)(B) <input type="checkbox"/> 173.14(d)(3)(C) <input type="checkbox"/> 173.14(d)(3)(D) <input type="checkbox"/> 173.14(d)(3)(E) <input type="checkbox"/> 173.14(d)(4)	<input type="checkbox"/> 173.14(e)(1)(A)(i) <input type="checkbox"/> 173.14(e)(1)(A)(ii) <input type="checkbox"/> 173.14(e)(1)(B) <input type="checkbox"/> 173.14(e)(1)(C) <input type="checkbox"/> 173.14(e)(1)(D) <input type="checkbox"/> 173.14(e)(1)(E) <input type="checkbox"/> 173.14(e)(1)(F) <input type="checkbox"/> 173.14(e)(1)(G) <input type="checkbox"/> 173.14(e)(1)(H) <input checked="" type="checkbox"/> 173.14(e)(1)(I)(i) <input type="checkbox"/> 173.14(e)(1)(I)(i)(aa) <input type="checkbox"/> 173.14(e)(1)(I)(i)(bb)	<input type="checkbox"/> 173.14(e)(1)(I)(i)(cc) <input type="checkbox"/> 173.14(e)(1)(I)(i)(dd) <input type="checkbox"/> 173.14(e)(1)(I)(ii) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(aa) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(bb) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(cc) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(dd) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(ee) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(ff) <input type="checkbox"/> 173.14(e)(1)(I)(iii) <input type="checkbox"/> 173.14(e)(1)(I)(iv) <input type="checkbox"/> 173.14(e)(1)(I)(j)	<input type="checkbox"/> 173.14(e)(2)(A) <input type="checkbox"/> 173.14(e)(2)(B) <input type="checkbox"/> 173.14(e)(2)(C) <input type="checkbox"/> 173.14(e)(2)(D) <input type="checkbox"/> 173.14(e)(2)(F) <input type="checkbox"/> 173.14(e)(2)(G) <input type="checkbox"/> 173.14(e)(2)(H)

Healthy Homes Hazard:	
311 Complaint Number:	

PHS (Print): Yip Li	PHS (Signature): [Signature]	Badge #: 3417	Employee ID #: 1700	Date: 1/26/18
Copy Received By (Print): To be mailed	Copy Received By (Signature): [Signature]	Relationship to Child:		Date: 1/26/18
Supervisor (Print): E. EGHAKEVA	Supervisor (Signature): [Signature]	Badge #: 3431	Employee ID #: 1477	Date: 1/30/18

**URGENT!** A field representative of the Department of Health and Mental Hygiene's Healthy Homes Program/Lead Poisoning Prevention was here today for an important visit. Please call us immediately at (646) 632-6002.

**URGENTE!** Un representante del Departamento de Salud y Salud Mental, Programa de Hogares Saludables/Prevención de Envenenamiento por Plomo, estuvo aquí hoy para una visita importante. Por favor llámenos inmediatamente al teléfono (646) 632-6002.

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Healthy Homes Program/Lead Poisoning Prevention  
 125 Worth Street, 6<sup>th</sup> Floor CN 58, New York, NY 10013  
 Tel. (646) 632-6002, Fax. (347) 396-8926 or (646) 632-6004

Page: 2 of 2

Inspection Report Notes    Progress Report    Activity Report Notes

Address <i>514 East 12 Street</i>			Child ID Number		
Apt. # <i>CMN</i>	Borough <i>1</i>	Zip <i>10009</i>	LASU Number <i>42016-0196</i>	Order Number <i>C2017-0298</i>	

Assessment/Observations/Comments

*Responded to an unsafe work practice complaint. Access provided by Superintendent and a visual walk-through inspection was conducted in all common areas from floors 1 through 5. There was visible construction debris (paint chips) on floor in front of apartments 12A and 14 on the 4th floor. There were no active work or workers observed at time of inspection. There were no window guard violations. The Superintendent was instructed that areas must be vacuumed and wet cleaned. He stated, a cleaning is scheduled and will be completed shortly.*

Staff (Signature) <i>[Signature]</i>	Badge # <i>3467</i>	I.D. # <i>1700</i>	Date <i>1/26/18</i>	Copy received by <i>To be mailed</i>
Supervisor (Signature) <i>[Signature]</i>	Badge # <i>3431</i>	I.D. # <i>1477</i>	Date <i>1/30/18</i>	

INSPECTION REPORT: *White* (RSU); *Canary* (Data Entry & FSU); *Pink* (Public)  
 PROGRESS REPORT: *White* (RSU or FSU)