



Summons - For Civil Penalties Only

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

Permit/Accela/CAMIS No. 50072023	Complaint No. C2017-0136 L2016-0196	Inspection Date 11/05/17	Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 16:45	12 / 20 / 20 17 MONTH / DAY / YR	9:50 TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	HEARING DATE
--	---	------------------------------------	---	--	--	--------------

BUREAU
EDIP

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.

- Bronx
3030 Third Avenue
Bronx, NY 10455
- Brooklyn
9 Bond Street, 6th Floor
Brooklyn, NY 11201
- Manhattan
66 John Street, 11th Floor
New York, NY 10038
- Queens
31-00 47th Ave, 3rd Floor
Long Island City, NY 11101
- Staten Island
350 St. Marks Place
Staten Island, NY 10301

▶ 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 514 East 12 Street CMN New York, NY	ADDRESS NO. & STREET	BOROUGH	STATE	ZIP 10009
---	----------------------	---------	-------	---------------------

Visit nyc.gov/healthcode to find the NYC Health Code and Health Department regulations.

SUMMONS # 16646-17Q

← 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	H-2/173.14(e)(1)(i)		Failure to properly perform daily clean-up, in that visible construction dust was observed on floors 1-4 and on sticky mats placed on floor in front of apartments under going renovation. NO active construction
			Work observed in progress at the time of inspection.
			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 1-V.

Respondent

Silverstone Property Group

Address No. and Street

825 Third Avenue 36th Floor

Borough

New York

State

ZIP

10022

THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND

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>R. Abramson</i>	NAME (PRINT) R. Abramson	I.D. # 1618
--	------------------------------------	-----------------------

RECEIVED BY: NAME (PRINT) 70162140000101030532	SIGNATURE	TITLE	518088
--	-----------	-------	---------------

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

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.

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.
- **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, 11th 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.

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. 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

- Manhattan:** – 66 John Street, 11th Floor, New York, NY 10038
- Brooklyn:** – 9 Bond Street, 6th Floor, Brooklyn, NY 11201
- Queens:** – 31-00 47th Avenue, 3rd 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

880812



Summons - For Civil Penalties Only

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

Permit/Accela/CAMIS No. 50072023	Complaint No. C2017-0136 L2016-0196	Inspection Date 11/05/17	Time <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM 16:45	12 / 20 / 20 17 MONTH / DAY / YR	9:50 TIME	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	HEARING DATE 11/05/17
--	---	------------------------------------	--	--	---------------------	---	------------------------------

BUREAU
EDIP

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.

- Bronx
3030 Third Avenue
Bronx, NY 10455
- Brooklyn
9 Bond Street, 6th Floor
Brooklyn, NY 11201
- Manhattan
66 John Street, 11th Floor
New York, NY 10038
- Queens
31-00 47th Ave, 3rd Floor
Long Island City, NY 11101
- Staten Island
350 St. Marks Place
Staten Island, NY 10301

▶ 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 314 East 12 Street	ADDRESS NO. & STREET	BOROUGH CMN	STATE New York, NY	ZIP 10009
--	----------------------	-----------------------	------------------------------	---------------------

Visit nyc.gov/healthcode to find the NYC Health Code and Health Department regulations.

SUMMONS # 16646-17Q

← 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		H-2173.14(e)(1)(i)	Failure to properly perform daily clean-up, in that visible construction dust was observed on floors 1-4 ^{and} on sticky mats placed on floor in front of apartments under going renovation. NO active construction

NO.	CONDITION	CODE SECTION (Unless otherwise noted Code is the NYC Health Code)	DESCRIPTION
			Work observed in progress at the time of inspection.

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 858 and the rules of the city of New York at 24 RCNY titles 1-V.

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:	NAME (PRINT) R. Abramson	I.D. # 1618
RECEIVED BY: NAME (PRINT) 70162140000101030532	SIGNATURE	TITLE 518088

Respondent Silverstone Property Group	d/b/a
Address No. and Street 225 Third Avenue	36th Floor
Borough New York	State NY
	Zip 10022

↑ THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND

RESPONDENT MUST APPEAR IN PERSON

Date: 11/05/17 Start Time: 16:45 End Time: 17:45

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

Child ID Number
 LASU Order Number: C2017-0136 Order Number
 Docker Number: 16646-17Q LASU Number: L2016-0196

INSPECTION REPORT

ADDRESS INFORMATION

Child: (Last) _____ (First) _____ Address Type: CMPCT Building Type: 1-2 Family Multi Dwelling Other
 Home Phone _____ Cell Phone _____ Work Phone _____

Address: New 514 East 12 street Apt CMN Floor 1-5 Borough 1 Zip Code 10009 HD 14 6200

OWNER INFORMATION

Name: (Last) _____ (First) _____ Home Phone () _____ Cell Phone _____
 Work Phone (646) 786-8000 () _____

Address 825 Third Avenue Apt 36th Floor City New York State NY Zip Code 10022

CONTRACTOR INFORMATION

Company Name _____ Project Contact _____ Phone _____ Fax _____
 Address _____ Apt _____ City _____ State _____ Zip Code _____ EPA Certificate Number _____

CASE EVENTS		ENVIRONMENTAL EVENTS		SAFETY EVENTS	
Event Code	Result Code	Event Code	Result Code	Event Code	Result Code
Early Intervention <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Window Guard <input type="checkbox"/> Violation <input type="checkbox"/> No Violation	Sibling Information Child ID _____ Child ID _____	Child ID _____ Child ID _____	<u>ST</u>	<u>V NOV</u>

Healthy Homes Inspection: Yes No Safe House: Rejected Accepted Family Currently in Safe House

SAMPLE INFORMATION

Job # _____ Paint: # of XRF _____ Paint: # of Positive _____ Dust Wipes: # of Samples _____ Dust Wipes: # of Positive _____

Other Samples - Type and Quantity (describe) _____

HEALTH CODE VIOLATIONS

General Provisions	Administrative Requirements	Work Methods	Occupant Protection	
			Orders or >100ft ² or Removing Windows	2 - 100ft ²
3.05	173.14 (e)(1)(A)	173.14(d)(1)(A)	173.14(e)(1)(A)(i)	173.14(e)(1)(I)(i)(cc)
3.07	173.14 (c)(1)(B)	173.14(d)(1)(B)	173.14(e)(1)(A)(ii)	173.14(e)(1)(I)(i)(dd)
3.09	173.14 (e)(2)(A)	173.14(d)(2)(A)	173.14(e)(1)(B)	173.14(e)(1)(I)(ii)
3.15	173.14 (c)(2)(B)(i)(aa)	173.14(d)(2)(B)	173.14(e)(1)(C)	173.14(e)(1)(I)(ii)(aa)
173.13(a)(1)	173.14 (c)(2)(B)(i)(bb)	173.14(d)(2)(C)	173.14(e)(1)(D)	173.14(e)(1)(I)(ii)(bb)
	173.14 (c)(2)(B)(i)(cc)	173.14(d)(2)(D)	173.14(e)(1)(E)	173.14(e)(1)(I)(ii)(cc)
	173.14 (c)(2)(B)(ii)(aa)	173.14(d)(2)(E)	173.14(e)(1)(F)	173.14(e)(1)(I)(ii)(dd)
	173.14 (c)(2)(B)(ii)(bb)		173.14(e)(1)(G)	173.14(e)(1)(I)(ii)(ee)
	173.14 (c)(2)(B)(iii)		173.14(e)(1)(H)	173.14(e)(1)(I)(ii)(ff)
	173.14 (c)(3)(A)		173.14(e)(1)(I)(i)	173.14(e)(1)(I)(iii)
			173.14(e)(1)(I)(i)(aa)	173.14(e)(1)(I)(iv)
			173.14(e)(1)(I)(i)(bb)	173.14(e)(1)(I)(j)

Healthy Homes Hazard: _____

311 Complaint Number: _____

PHS (Print) R. Abramson PHS (Signature) [Signature] Badge # 3339 Employee ID # 1618 Date: 11/05/17

Copy Received By (Print) To be mailed. Copy Received By (Signature) _____ Relationship to Child: _____ Date: 11/05/17

Supervisor (Print) M. Jeanalabden Supervisor (Signature) [Signature] Badge # 3342 Employee ID # 1787 Date: 11/13/17

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, 6th 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 <u>514 East 12 Street</u>			Child ID Number	
Apt. # <u>CMN</u>	Borough <u>1</u>	Zip <u>10009</u>	LASU Number <u>C2016-0196</u>	Order Number <u>C2017-0136</u>

Assessment/Observations/Comments

Visited the above address to conduct an inspection on a complaint regarding generation of dust in the building due to construction work. Access was gained into building. A visual walk-through inspection was conducted through floors 1-5. Visible construction dust was observed on floors 1-4. No active construction work was observed in progress. Multiple apartments were observed with plastic containment flaps. Visible construction dust was observed on sticky mats placed on floor in front of doorways of apartments undergoing renovation. I met with building Superintendent ~~Assistant~~ ^{Assistant} Andre and he informed me that there was window replacement work that was recently done in building common area. I instructed Mr. Andre to clean with a HEPA vacuum and wet mop and towels. Addendum: 11/06/17 Building Property manager Mike, was contacted and was informed of inspection findings and he informed me that windows in common area ~~were~~ ^{were} replaced ~~in~~ ⁱⁿ April, 2017. Mr. Mike was instructed to enforce safe work practice.

Staff (Signature) 	Badge # <u>3333</u>	I.D. # <u>1618</u>	Date <u>11/05/17</u>	Copy received by <u>TO be mailed.</u>
Supervisor (Signature) 	Badge # <u>3342</u>	I.D. # <u>1787</u>	Date <u>11/13/17</u>	

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