



Summons - For Civil Penalties Only

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

Permit/Accela/CAMIS No. 50062498	Complaint No. L2016-0148 C2017-0056	Inspection Date 08/05/17	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 11:00	09 / 19 / 20 17 9:30 MONTH / DAY / YR TIME	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	HEARING DATE ←
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BUREAU
EDIP - HEALTHY HOMES / LPPP

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	ADDRESS NO. & STREET	BOROUGH	STATE	ZIP
	915 WEST END AVENUE CMN.	MANHATTAN	NEW YORK	10025

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

SUMMONS # 04576-1704

← 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	173.14(d)(1)(A)	Failure to control dust dispersal, in that at time of inspection on 8/5/17, Inspector observed renovation dust in the common areas floors 1-13, in that workers failed to properly clean up renovation dust that entered common areas.

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

NO.	CONDITION	CODE SECTION (Unless otherwise noted Code is the NYC Health Code)	DESCRIPTION
			Proceeding will be held under the authority of the NYC charter section 558 and 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: Egharevba	NAME (PRINT) EDEWI EGHAREVBA	I.D. # 1477
RECEIVED BY: NAME (PRINT) 0001 0102 5828	SIGNATURE	TITLE 518216

Respondent SILVERSTONE PROPERTY GROUP LLC	d/b/a
Address No. and Street 825 3RD AVENUE 36FL	
Borough NEW YORK	State NY
	ZIP 10022

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.

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



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VIOLATION ADDRESS 915 WEST END AVENUE, CMN, MANHATTAN	ADDRESS NO. & STREET	BOROUGH MANHATTAN	STATE NEW YORK	ZIP 10025
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DOHMH REP. SIGNATURE: <i>Edewn Egharevba</i>	NAME (PRINT) EDEWN EGHAREVBA	I.D. # 1477
RECEIVED BY: NAME (PRINT) 0001 0102 5828	SIGNATURE	TITLE 518216

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: **SILVERSTONE PROPERTY GROUP LLC**
 Address No. and Street: **825 3RD AVENUE, 36FL**
 Borough: **NEW YORK** State: **NY** ZIP: **10022**

↑ THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND

Date: 8/5/17	Start Time: 11:00	End Time: 12:20	New York City Department of Health and Mental Hygiene Healthy Homes Program/Lead Poisoning Prevention 125 Worth Street, 6 th Floor CN 58, New York, NY 10013 (646) 632-6002 INSPECTION REPORT	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 C2017-0056	Order Number
					Rocket Number 04576-170	LASU Number 12016-0148

ADDRESS INFORMATION		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 _____
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Address: <input type="checkbox"/> New 915 West End Avenue	Apt CMN	Floor 1-14	Borough 1	Zip Code 10025	HD 16 3110
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OWNER INFORMATION		Name: (Last) _____ (First) _____	Home Phone () _____	Cell Phone () _____
Silverstone Property Group LLC		Work Phone (646) 747-3390		
Address 825 3rd Avenue	Apt 36FL	City New York	State NY	Zip Code 10025

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 SI	Result Code VNOV
Early Intervention <input type="checkbox"/> Accepted <input checked="" 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 checked="" type="checkbox"/> No	Safe House: <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Family Currently in Safe House
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SAMPLE INFORMATION				
Job # _____	Paint: # of XRF _____	Paint: # of Positive _____	Dust Wipes: # of Samples _____	Dust Wipes: # of Positive _____
Other Samples - Type and Quantity (describe) _____				

General Provisions		Administrative Requirements	Work Methods	Occupant Protection		
				Orders or >100ft ² or Removing Windows		2 - 100ft ²
<input type="checkbox"/> 3.05	<input type="checkbox"/> 3.07	<input type="checkbox"/> 173.14 (c)(1)(A)	<input checked="" type="checkbox"/> 173.14(d)(1)(A)	<input type="checkbox"/> 173.14(e)(1)(A)(i)	<input type="checkbox"/> 173.14(e)(1)(A)(ii)	<input type="checkbox"/> 173.14(e)(2)(A)
<input type="checkbox"/> 3.09	<input type="checkbox"/> 3.15	<input type="checkbox"/> 173.14 (c)(1)(B)	<input type="checkbox"/> 173.14(d)(1)(B)	<input type="checkbox"/> 173.14(e)(1)(B)	<input type="checkbox"/> 173.14(e)(1)(C)	<input type="checkbox"/> 173.14(e)(2)(B)
<input type="checkbox"/> 173.13(a)(1)		<input type="checkbox"/> 173.14 (c)(2)(A)	<input type="checkbox"/> 173.14(d)(2)(A)	<input type="checkbox"/> 173.14(e)(1)(D)	<input type="checkbox"/> 173.14(e)(1)(E)	<input type="checkbox"/> 173.14(e)(2)(C)
		<input type="checkbox"/> 173.14 (c)(2)(B)(i)(aa)	<input type="checkbox"/> 173.14(d)(2)(B)	<input type="checkbox"/> 173.14(e)(1)(F)	<input type="checkbox"/> 173.14(e)(1)(G)	<input type="checkbox"/> 173.14(e)(2)(D)
		<input type="checkbox"/> 173.14 (c)(2)(B)(i)(bb)	<input type="checkbox"/> 173.14(d)(2)(C)	<input type="checkbox"/> 173.14(e)(1)(H)	<input type="checkbox"/> 173.14(e)(1)(I)	<input type="checkbox"/> 173.14(e)(2)(E)
		<input type="checkbox"/> 173.14 (c)(2)(B)(i)(cc)	<input type="checkbox"/> 173.14(d)(2)(D)	<input type="checkbox"/> 173.14(e)(1)(J)	<input type="checkbox"/> 173.14(e)(1)(K)	<input type="checkbox"/> 173.14(e)(2)(F)
		<input type="checkbox"/> 173.14 (c)(2)(B)(ii)(aa)	<input type="checkbox"/> 173.14(d)(2)(E)	<input type="checkbox"/> 173.14(e)(1)(L)	<input type="checkbox"/> 173.14(e)(1)(M)	<input type="checkbox"/> 173.14(e)(2)(G)
		<input type="checkbox"/> 173.14 (c)(2)(B)(ii)(bb)	<input type="checkbox"/> 173.14(d)(3)(D)	<input type="checkbox"/> 173.14(e)(1)(N)	<input type="checkbox"/> 173.14(e)(1)(O)	<input type="checkbox"/> 173.14(e)(2)(H)
		<input type="checkbox"/> 173.14 (c)(2)(B)(iii)	<input type="checkbox"/> 173.14(d)(3)(E)	<input type="checkbox"/> 173.14(e)(1)(P)	<input type="checkbox"/> 173.14(e)(1)(Q)	<input type="checkbox"/> 173.14(e)(2)(I)
		<input type="checkbox"/> 173.14 (c)(3)(A)	<input type="checkbox"/> 173.14(d)(4)	<input type="checkbox"/> 173.14(e)(1)(R)	<input type="checkbox"/> 173.14(e)(1)(S)	<input type="checkbox"/> 173.14(e)(2)(J)

Healthy Homes Hazard: _____	311 Complaint Number: _____
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PHS (Print) EDWIN EGHARENSA	PHS (Signature) <i>E. Egharensa</i>	Badge # 3431	Employee ID # 1477	Date: 8/5/17
Copy Received By (Print) To Be Mail	Copy Received By (Signature)	Relationship to Child:		Date: 8-5-17
Supervisor (Print) Fatima Ramzoudi	Supervisor (Signature) <i>F. Ramzoudi</i>	Badge # 49	Employee ID # 0806	Date: 8/8/17

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>915 West End Avenue</u>				Child ID Number	
Apt. # <u>CMN</u>	Borough <u>1</u>	Zip <u>10025</u>	LASU Number <u>L2016-0148</u>	Order Number <u>C2017-0056</u>	
Assessment/Observations/Comments					
<p>Visited the above premises in response to unsafe work practice Complaint: "Ongoing renovation work in vacant apartments and Common areas are causing dust and over the Common areas". Arrived and Met with building doorman / Concierge who called Jose Paccha of CISNE NY Construction Inc to accompanied me on building walk-through. Mr Paccha and his colleagues were on-site conducting building clean up. Performed building walk through of all Common areas. Observed no workers (except for two workers including Mr Paccha) or active work in progress at time of inspection. Observed evidence of inactive work inside vacant apartments and Common areas throughout the building. Observed renovation on stairwell, on window sills and on some of the hallways. I was unable to reach management because this was a weekend visit. Mr Paccha telephoned his Supervisor, Mr William Grisales of CISNE NY Construction Inc. I instructed Mr Grisales and Mr Paccha to ensure that clean up of all Common areas is conducted immediately using HEPA vac and wet mop and to ensure that all safety rules and regulations are followed once active work resumes. Mr Grisales assured me that clean up will be conducted immediately. Observed Notice of dust hazard sign remain posted. Workers started conducting clean up of common areas at time of inspection. Based on observation clearance will be required for all floors.</p>					
Staff (Signature) <u>E. Greiner</u>		Badge # <u>3431</u>	I.D. # <u>1477</u>	Date <u>8/5/17</u>	Copy received by <u>To Be Mail.</u>
Supervisor (Signature) <u>F. Kaurzoudi</u>		Badge # <u>49</u>	I.D. # <u>0806</u>	Date <u>8/8/17</u>	

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