



Summons - For Civil Penalties Only

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

Permit/Accela/CAMIS No. 500102498 Complaint No. C2017-0056 Inspection Date 09/12/17 Time AM PM 10 / 23 / 20 17 9:30 AM PM **HEARING DATE**

BUREAU
EDTP

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 915 West End Avenue ADDRESS NO. & STREET CMU BOROUGH New York STATE NY ZIP 10025

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

SUMMONS # 04576-1706

← 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
<u>1</u>	<u>H-2173.14(d)(1)(A)</u>	<u>(d)(1)(A)</u>	<u>Failure to control dust dispersal, in that visible construction dust observed on floors 3, 9, 14th Floor. No plastic containment flap observed on doorway of apartment # 14c undergoing renovation.</u>

NO.	CONDITION	CODE SECTION (Unless otherwise noted Code is the NYC Health Code)	DESCRIPTION
2	Construction workers were observed placing sheetrock and compounding in the public hallway		

NO.	CONDITION	CODE SECTION (Unless otherwise noted Code is the NYC Health Code)	DESCRIPTION
3	Proceedings will be held under the authority of the New York City Charter section 558 and the rules of the City of New York at 24 RCNY titles I-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: R. Abramson NAME (PRINT) R. Abramson I.D. # 1618

RECEIVED BY: NAME (PRINT) 0001 D102 9246 SIGNATURE 7010 2140 TITLE 518376

Respondent Silverstone Property Group, LLC d/b/a
Address No. and Street 225 Third Avenue
Borough New York State NY ZIP 10022

↑ THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND ↓

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



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. C2017-0056 22016-0148	Inspection Date 09/12/17	Time 08:40	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10 / 23 / 2017 9:30 MONTH / DAY / YR TIME	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	HEARING DATE
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BUREAU
EDIP

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<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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VIOLATION ADDRESS 915 West End Avenue	ADDRESS NO. & STREET CMU	BOROUGH New York	STATE NY	ZIP 10025
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Visit nyc.gov/healthcode to find the NYC Health Code and Health Department regulations.

SUMMONS # 04576-1706

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NO.	CONDITION	CODE SECTION (Unless otherwise noted Code is the NYC Health Code)	DESCRIPTION
1	H-2173.14(d)(1)(A)		Failure to control dust dispersal, in that visible construction dust observed on floors 3, 9, 14th floor. No plastic containment flap observed on doorway of apartment # 14c undergoing renovation.

NO.	CONDITION	CODE SECTION (Unless otherwise noted Code is the NYC Health Code)	DESCRIPTION
			Construction workers were observed placing sheetrock and compounding in the public hallways

NO.	CONDITION	CODE SECTION (Unless otherwise noted Code is the NYC Health Code)	DESCRIPTION
			Proceedings will be held under the authority of the New York City Charter section 558 and the rules of the City of New York at 24 RCNY titles I-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: <i>R. Abramson</i>	NAME (PRINT): R. Abramson	I.D. #: 1618
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RECEIVED BY: NAME (PRINT) SIGNATURE	TITLE	518376
DDDI D102 9246		

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 RESPONDENT IS SUMMONED TO APPEAR AND RESPOND

Respondent d/b/a Silverstone Property Group, LLC	Address No. and Street 225 Third Avenue	State NY	ZIP 10022
	Borough New York		

Date: 09/12/17	Start Time: 08:40	End Time: 09:40	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: 2017-0056	Order Number: [blank]
					Docket Number: 04576-1706	LASU Number: 2016-048

ADDRESS INFORMATION					
Child: (Last)	(First)	Address Type	Building Type: <input type="checkbox"/> 1-2 Family <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Multi Dwelling	Home Phone
Address: <input type="checkbox"/> New			Apt	Floor	Borough
915 West End Avenue			CNN	-15	1
			Zip Code	HD	16
			10025	3110	

OWNER INFORMATION					
Name: (Last)		(First)	Home Phone ()	Cell Phone	
Silver Stone Property			Work Phone (646) 747-3390	()	
Address		Apt	City	State	Zip Code
GROUP, LLC		36FL	New York	NY	10022
825 3 rd Avenue					

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
				SI	VNOV
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 _____			
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			

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
<input type="checkbox"/> 3.05	<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)(I)(i)(cc)	<input type="checkbox"/> 173.14(e)(2)(A)
<input type="checkbox"/> 3.07	<input type="checkbox"/> 173.14 (c)(1)(B)	<input type="checkbox"/> 173.14(d)(1)(B)	<input type="checkbox"/> 173.14(e)(1)(A)(ii)	<input type="checkbox"/> 173.14(e)(1)(I)(i)(dd)	<input type="checkbox"/> 173.14(e)(2)(B)
<input type="checkbox"/> 3.09	<input type="checkbox"/> 173.14 (c)(2)(A)	<input type="checkbox"/> 173.14(d)(2)(A)	<input type="checkbox"/> 173.14(e)(1)(B)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)	<input type="checkbox"/> 173.14(e)(2)(C)
<input type="checkbox"/> 3.15	<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)(C)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(aa)	<input type="checkbox"/> 173.14(e)(2)(D)
<input type="checkbox"/> 173.13(a)(1)	<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)(D)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(bb)	<input type="checkbox"/> 173.14(e)(2)(F)
	<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)(E)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(cc)	<input type="checkbox"/> 173.14(e)(2)(G)
	<input type="checkbox"/> 173.14(e)(2)(B)(ii)(aa)	<input type="checkbox"/> 173.14(d)(2)(E)	<input type="checkbox"/> 173.14(e)(1)(F)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(dd)	<input type="checkbox"/> 173.14(e)(2)(H)
	<input type="checkbox"/> 173.14(e)(2)(B)(ii)(bb)	<input type="checkbox"/> 173.14(d)(3)(A)	<input type="checkbox"/> 173.14(e)(1)(G)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(ee)	
	<input type="checkbox"/> 173.14(e)(2)(B)(iii)	<input type="checkbox"/> 173.14(d)(3)(B)	<input type="checkbox"/> 173.14(e)(1)(H)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(ff)	Apt Turnover
	<input type="checkbox"/> 173.14(e)(3)(A)	<input type="checkbox"/> 173.14(d)(3)(C)	<input type="checkbox"/> 173.14(e)(1)(I)	<input type="checkbox"/> 173.14(e)(1)(I)(iii)	<input type="checkbox"/> 173.14(e)(3)(A)
		<input type="checkbox"/> 173.14(d)(3)(D)	<input type="checkbox"/> 173.14(e)(1)(I)(i)	<input type="checkbox"/> 173.14(e)(1)(I)(iv)	<input type="checkbox"/> 173.14(e)(3)(B)
		<input type="checkbox"/> 173.14(d)(3)(E)	<input type="checkbox"/> 173.14(e)(1)(I)(i)(aa)	<input type="checkbox"/> 173.14(e)(1)(I)(v)	<input type="checkbox"/> 173.14(e)(3)(C)
		<input type="checkbox"/> 173.14(d)(4)	<input type="checkbox"/> 173.14(e)(1)(I)(i)(bb)	<input type="checkbox"/> 173.14(e)(1)(J)	

Healthy Homes Hazard:				
311 Complaint Number:				
PHS (Print)	PHS (Signature)	Badge #	Employee ID #	Date:
R. Abramson	[Signature]	3339	1618	09/12/17
Copy Received By (Print)	Copy Received By (Signature)	Relationship to Child:		
To be mailed.				
Supervisor (Print)	Supervisor (Signature)	Badge #	Employee ID #	Date:
M. Feanalabden	[Signature]	3342	1787	09/20/17

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

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

Visited the above address to conduct a follow-up inspection on a complaint regarding generation of dust in the building due to construction. Access was gained into building. I met with property manager, William, who accompanied me throughout the inspection. A visual walk-through inspection was conducted through floors 1-15. Visible construction dust was observed on floors 3, 9, 14th floor. No plastic containment flap observed on doorway of Apt 14c undergoing renovation. Construction workers were observed placing sheet rock and compounding in the public hallway. Property manager, William and contractor Jose were instructed to clean with a HEPA vacuum and wet mop and to covered exposed areas with plastic sheeting. Mr William and Jose were instructed to follow safe work practices to prevent a stop work order.

Staff (Signature) 	Badge # <u>3339</u>	I.D. # <u>1618</u>	Date <u>09/12/17</u>	Copy received by <u>To be mailed.</u>
Supervisor (Signature) 	Badge # <u>3342</u>	I.D. # <u>1787</u>	Date <u>09/20/17</u>	

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