



### 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

06/24/17

Time

15:10  AM  PM

MONTH

08

DAY

07

YR

17

TIME

9:30

 AM PM

HEARING DATE

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. &amp; STREET

BOROUGH

STATE

ZIP

915 WEST END AVENUE CMN, MANHATTAN NEW YORK 10025

Visit [nyc.gov/healthcode](http://nyc.gov/healthcode) to find the NYC Health Code and Health Department regulations.

SUMMONS # 04576-1702

← 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	H1	3.09	Creating a dust nuisance, in that at time of inspection on 6/24/17 Inspector Observed renovation dust in the building's common areas resulting from Improperly Contained renovation work inside of vacant apartments throughout the building, in that workers failed to properly setup containment around work areas
			to minimized dust dispersal and failed to properly clean up renovation dust that entered the common areas.
			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 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:

NAME (PRINT)

EDEHI ESHAREVBA

I.D. #

1477

RECEIVED BY: NAME (PRINT)

0001 0102 8270

SIGNATURE

TITLE

518214

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  
NEW YORK  
ZIP  
10022

THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND

Page 1 of 1 Pages

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. **50062498** Complaint No. **2016-0148** Inspection Date **06/24/17** Time **15:10**  AM  PM  
 MONTH / DAY / YR TIME **08 / 07 / 20 17 9:30**  AM  PM HEARING DATE

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.

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 Staten Island 350 St. Marks Place Staten Island, NY 10301

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

Visit [nyc.gov/healthcode](http://nyc.gov/healthcode) to find the NYC Health Code and Health Department regulations.

**SUMMONS # 04576-1702**

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	H1	3.09	Creating a dust nuisance, in that at time of inspection on 6/24/17 Inspector Observed renovation dust in the building's Common areas resulting from Improperly Contained renovation work inside of vacant apartments throughout the building, in that workers failed to properly setup containment around work areas

NO.	CONDITION	CODE SECTION (Unless otherwise noted Code is the NYC Health Code)	DESCRIPTION
			to minimized dust dispersal and failed to properly clean up renovation dust that entered the Common areas.

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 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 *[Signature]* NAME (PRINT) **EDEWI EGHAREVBA** I.D. # **1477**  
 RECEIVED BY: NAME (PRINT) **7016 2140** SIGNATURE **0001 0102 8270** TITLE **518214**

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 **NEW YORK** ZIP **10022**

THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND

Date: 6/24/17	Start Time: 15:10	End Time: 16:00	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 (646) 632-6002 <b>INSPECTION REPORT</b>	Child ID Number		
Activity Type: <input type="checkbox"/> Case <input checked="" type="checkbox"/> Work Practice Complaint <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Peeling Paint Complaint <input type="checkbox"/> 10-14 (Low Act)				LASU Order Number C2017-0056	Order Number	
				Docket Number 04576-1702	LASU Number L2016-0148	

ADDRESS INFORMATION		Child: (Last) _____ (First) _____	Address Type CMPHT	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	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 3 <sup>RD</sup> AVENUE,	Apt 36FL	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 SI	Result Code 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
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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)				

HEALTH CODE VIOLATIONS					
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 type="checkbox"/> 173.14 (e)(1)(A)	<input type="checkbox"/> 173.14(d)(1)(A)	<input type="checkbox"/> 173.14(d)(2)(F)	<input type="checkbox"/> 173.14(e)(1)(A)(i)	<input type="checkbox"/> 173.14(e)(1)(i)(cc)
<input type="checkbox"/> 3.07	<input type="checkbox"/> 173.14 (e)(1)(B)	<input type="checkbox"/> 173.14(d)(1)(B)	<input type="checkbox"/> 173.14(d)(3)(A)	<input type="checkbox"/> 173.14(e)(1)(A)(ii)	<input type="checkbox"/> 173.14(e)(1)(i)(dd)
<input checked="" type="checkbox"/> 3.09	<input type="checkbox"/> 173.14 (e)(2)(A)	<input type="checkbox"/> 173.14(d)(2)(A)	<input type="checkbox"/> 173.14(d)(3)(B)	<input type="checkbox"/> 173.14(e)(1)(B)	<input type="checkbox"/> 173.14(e)(1)(i)(ii)
<input type="checkbox"/> 3.15	<input type="checkbox"/> 173.14 (e)(2)(B)(i)(aa)	<input type="checkbox"/> 173.14(d)(2)(B)	<input type="checkbox"/> 173.14(d)(3)(C)	<input type="checkbox"/> 173.14(e)(1)(C)	<input type="checkbox"/> 173.14(e)(2)(D)
<input type="checkbox"/> 173.13(a)(1)	<input type="checkbox"/> 173.14 (e)(2)(B)(i)(bb)	<input type="checkbox"/> 173.14(d)(2)(C)	<input type="checkbox"/> 173.14(d)(3)(D)	<input type="checkbox"/> 173.14(e)(1)(D)	<input type="checkbox"/> 173.14(e)(2)(E)
	<input type="checkbox"/> 173.14 (e)(2)(B)(i)(cc)	<input type="checkbox"/> 173.14(d)(2)(D)	<input type="checkbox"/> 173.14(d)(3)(E)	<input type="checkbox"/> 173.14(e)(1)(E)	<input type="checkbox"/> 173.14(e)(2)(F)
	<input type="checkbox"/> 173.14 (e)(2)(B)(ii)(aa)	<input type="checkbox"/> 173.14(d)(2)(E)	<input type="checkbox"/> 173.14(d)(4)	<input type="checkbox"/> 173.14(e)(1)(F)	<input type="checkbox"/> 173.14(e)(2)(G)
	<input type="checkbox"/> 173.14 (e)(2)(B)(ii)(bb)			<input type="checkbox"/> 173.14(e)(1)(G)	<input type="checkbox"/> 173.14(e)(2)(H)
	<input type="checkbox"/> 173.14 (e)(2)(B)(iii)			<input type="checkbox"/> 173.14(e)(1)(H)	
	<input type="checkbox"/> 173.14 (e)(3)(A)			<input type="checkbox"/> 173.14(e)(1)(i)(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)(bb)	
				<input type="checkbox"/> 173.14(e)(1)(i)	

Healthy Homes Hazard: _____	311 Complaint Number: _____
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PHS (Print) EDEWI EGHAREUBA	PHS (Signature) <i>E. Ghareuba</i>	Badge # 3431	Employee ID # 1477	Date: 6/24/17
Copy Received By (Print) To be mail	Copy Received By (Signature) <i>[Signature]</i>	Relationship to Child:		Date: 6-24-17
Supervisor (Print) Fatisa Lawzouli	Supervisor (Signature) <i>F. Lawzouli</i>	Badge # 49	Employee ID # 0806	Date: 6/29/17

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, 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 <b>915 WEST END AVENUE</b>				Child ID Number	
Apt. # <b>CMN</b>	Borough <b>1</b>	Zip	LASU Number <b>h2016-0148</b>	Order Number <b>C2017-0056</b>	

Assessment/Observations/Comments

I visited the above premises in response to unsafe work practice Complaint: "Renovation work in vacant apartments, causing dust in common areas floors 2-6." Arrived and met with building Concierge who allowed access. Performed building walk through of all common areas. Observed workers and work in progress only on the 9<sup>th</sup> floor which is a vacant floor. Observed Renovation dust throughout the common areas (some of which were foot print dust). Observed defective/inadequate plastic sheeting on doors to unit with inactive work. Met with Worker's Supervisor, Edison Roelba who confirmed work was only being done today on the vacant 9<sup>th</sup> floor. Instructed Mr Roelba to stop all work, conduct clean up of all common areas using proper cleaning method, and replace all defective/inadequate plastic sheeting on all doors to work units. Telephoned management with no response and unable to leave message. Observed Notice of Dust Hazard Sign remain posted. Workers began cleaning at time of inspection.

Staff (Signature) <i>E. Charewa</i>	Badge # <b>3431</b>	I.D. # <b>1477</b>	Date <b>6/24/17</b>	Copy received by <b>To Be Mail</b>
Supervisor (Signature) <i>F. Lawrence</i>	Badge # <b>49</b>	I.D. # <b>0806</b>	Date <b>6/29/17</b>	

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