



Summons - For Civil Penalties Only

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

Permit/Accela/CAMIS No. 50062198	Complaint No. C2017-0056 L2016-0148	Inspection Date 06/27/17	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 09:35	08 / 30 / 20 17 MONTH / DAY / YR	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 9:30 TIME	HEARING DATE
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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 ADDRESS NO. & STREET BOROUGH STATE ZIP
915 West End Avenue CMU New York NY 10025

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

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

SUMMONS # D4576-1743

NO.	CONDITION	CODE SECTION (Unless otherwise noted Code is the NYC Health Code)	DESCRIPTION
1	H-2/173.14(D)(1)(A)		Failure to control dust dispersal, in that visible construction dust and debris was observed on floors: 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14 th floor. Active construction work was observed in progress. Multiple
			Vacant apartments are under going construction. Construction workers were observed installing sheet rock inside vacant apartments. Property manager, Mr. Grisales said construction workers were manually sanding sheet rock.
			Plastic containment Flaps were observed not properly attached, allowing dust to disperse onto the common area.

Respondent: **Silverstone Property Group, LLC**
 Address No. and Street: **825 3rd Avenue, 36th**
 Borough: **New York** State: **NY** 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: **[Signature]** NAME (PRINT): **B. Abramson** I.D. #: **1618**

RECEIVED BY: NAME (PRINT) **1016 8110** SIGNATURE: **0001 0102 8867** TITLE: **518258**

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

Summons - For Civil Penalties Only

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

Permit/Accela/CAMIS No. 500162498	Complaint No. C2017-0056 L2016-0148	Inspection Date 06/27/17	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 08:30	08 / 30 / 20 17 930 MONTH / DAY / YR TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM HEARING DATE
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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 authorizing 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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VIOULATION ADDRESS 915 West End Avenue	ADDRESS NO. & STREET	BOROUGH CMN	STATE New York, NY	ZIP 10025
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Visit nyc.gov/healthcode to find the NYC Health Code and Health Department regulations.

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SUMMONS # D4576-1703

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
/	/	/	/
/	/	/	/
/	/	/	/

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 RNY 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: <i>Rosana A</i>	NAME (PRINT) R. Abramson	I.D. # 1618
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RECEIVED BY: NAME (PRINT) 70116 2140 0001 0102 8807	SIGNATURE	TITLE	518260
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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

d/b/a Silverstone Property Group, LLC	Address No. and Street 825 3rd Avenue, 36 fl.	State NY	ZIP 10022
Borough New York			

↑ THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND ↓



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, Inspection Date 06/27/17, Time 09:35 AM, HEARING DATE 08/30/17 9:30 AM

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.

- Brx 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

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VIOLATION ADDRESS 915 West End Avenue CMN New York NY 10025

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SUMMONS # D4576-1703

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Table with 3 columns: NO., CONDITION, DESCRIPTION. Row 1: H-2/173.14(d)(1)(A) Failure to control dust dispersal... Row 2: Vacant apartments are under going construction... Row 3: Plastic containment flaps were observed not properly attached...

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.

DOHMH REP. SIGNATURE: [Signature], NAME (PRINT) B. Abramson, I.D.# 1618, RECEIVED BY: NAME (PRINT) 0001 0102 8867, SIGNATURE [Signature], TITLE, 518258

Respondent Silverstone Property Group, LLC, Address No. and Street 825 3rd Avenue, Borough New York, State NY, ZIP 10022

THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND



Summons - For Civil Penalties Only

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

Permit/Accela/CAMIS No. 500162498	Complaint No. C2017-0036 L2016-0148	Inspection Date 06/27/17	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 08 / 30 / 20 17 9:30	HEARING DATE <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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VIOLATION ADDRESS 915 West End Avenue	ADDRESS NO. & STREET	BOROUGH CMN	STATE New York, NY	ZIP 10025
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SUMMONS # **D4576-1703**

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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 1-6.

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
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RECEIVED BY: NAME (PRINT) 0001 0102 88107	SIGNATURE	TITLE	518260
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RESPONDENT MUST APPEAR IN PERSON

d/b/a Silverstone Property Group, LLC	Address No. and Street 825 3rd Avenue, 36 fl.	State NY	ZIP 10022
Borough New York			

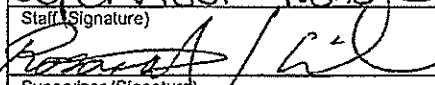

← THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND

Date: 06/27/17	Start Time: 09:35	End Time: 11:15	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		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 C2017-0036	Order Number
			INSPECTION REPORT		Packet Number 04576-1708	LASU Number L 2016-0148
ADDRESS INFORMATION						
Child: (Last) (First)		Address Type	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 915 West End Avenue		Apt CMN	Floor 1-15	Borough 1	Zip Code 10029	HD 16
OWNER INFORMATION						
Name: (Last) (First) Silverstone Property Group, LLC		Home Phone () Work Phone 646 747-3390		Cell Phone ()		
Address 823 3rd Avenue		Apt 36 FL	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 ST	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		
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 3.07 3.09 3.15 173.13(a)(1)	173.14 (c)(1)(A) 173.14 (c)(1)(B) 173.14 (c)(2)(A) 173.14 (c)(2)(B)(i)(aa) 173.14 (c)(2)(B)(i)(bb) 173.14 (c)(2)(B)(ii)(aa) 173.14 (c)(2)(B)(ii)(bb) 173.14 (c)(2)(B)(iii) 173.14 (c)(3)(A)	<input checked="" 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)(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 type="checkbox"/> 173.14(e)(1)(I)(i) <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)(i)(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)(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) Apt Turnover <input type="checkbox"/> 173.14(e)(3)(A) <input type="checkbox"/> 173.14(e)(3)(B) <input type="checkbox"/> 173.14(e)(3)(C)
Healthy Homes Hazard:						
311 Complaint Number:						
PHS (Print) R. Abramson / Credentialed		PHS (Signature) <i>R. Abramson</i>		Badge # 3339	Employee ID # 012/6/8/137	Date: 06/27/17
Copy Received By (Print) To be mailed.		Copy Received By (Signature) <i>[Signature]</i>		Relationship to Child:		Date: 06/27/17
Supervisor (Print) M. Zemalibdeu		Supervisor (Signature) <i>[Signature]</i>		Badge # 3342	Employee ID # 1787	Date: 7/13/17
<input type="checkbox"/> 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.						
<input type="checkbox"/> 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

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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>10023</u>	LASU Number <u>L2016-0148</u>	Order Number <u>C2017-0056</u>	
Assessment/Observations/Comments					
<p>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 project manager, William Grisales and a visual walk-through inspection was conducted. Mr Grisales accompanied me through the walk-through and visible construction dust and debris was observed on floors: 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14th Floor. Active construction was observed in progress. Multiple vacant apartments are undergoing construction. Construction workers were observed installing sheet rock and Mr Grisales said that worker's were manually sanding sheet rock. Plastic containment flaps were observed not properly attached, allowing dust to disperse onto the common area. Mr Grisales was advise to use a HEPA Vacuum while sanding and was advised not to dry sand. Construction workers were observed not wiping their shoes prior to leaving the work-site dispersing dust onto the common area. Mr Grisales was instructed to provide a moist towel for construction workers to wipe their ^{their} shoes prior to leaving the work-site. Supervisor Ashold Chernyck from NYC DdHMH/Healthy</p>					
Staff (Signature) 		Badge # <u>337</u>	I.D. # <u>1617</u>	Date <u>06/29/17</u>	Copy received by <u>to be mailed</u>
Supervisor (Signature) 		Badge # <u>334</u>	I.D. # <u>1787</u>	Date <u>7/13/17</u>	

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

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: 3 of 3

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

Health Homes program and informed him inspection findings. Mr Chemych issued a Stop work order. Mr Grisales and construction workers onsite were instructed to stop all construction work immediately and that only emergency repairs can be done, until the stop work order is lifted. Mr Grisales was instructed to clean with a HEPA Vacuum and wet mop and towel floors Bsmt-15th floor and to provide properly attached plastic containment flaps for doorways of vacant apartments undergoing construction.

Staff (Signature) <u>Robert Gil</u>	Badge # <u>072</u>	I.D. # <u>2137</u>	Date <u>06/28/17</u>	Copy received by <u>x TO be mailed.</u>
Supervisor (Signature) <u>M</u>	Badge # <u>3342</u>	I.D. # <u>1787</u>	Date <u>7/13/17</u>	

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