

CIVIL COURT OF THE CITY OF NEW YORK

Index No.: LT/HP 207504-25

County of New York
Housing Part B

JUDICIAL REQUEST / ORDER

Dukleth et. al. Petitioner(s),
against
107 E 9 LLC et. al. Respondent(s),
HPD, DOB

for
HOUSING INSPECTION

THE PEOPLE OF THE STATE OF NEW YORK
TO THE DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT OF THE CITY OF NEW YORK:
In connection with the existing case in the Civil Court of the City of New York referred to above, the tenant of the apartment referred to below alleges violation(s) exist and has requested that an inspection of the property be made.

Tenant's Name: VACANT UNIT
Tenant's Address: _____
Apt. _____ Floor _____ email: _____
Tenant's Phone #(s): Home: () _____
Work: () _____

CHILD UNDER SIX?

Does a child under six live here or routinely spends more than 10 hours a week here? Yes No
Does the child live here? Yes No or
Does the child routinely spend more than 10 hours a week here? Yes No
If yes, please provide the name and age/date of birth for each child.

Name	Age/Date of Birth
_____	_____
_____	_____

You may gain access by contacting:

Inspection Date: <u>6-17-25</u> <u>6-24-2025</u> Weekday Times: <u>9 AM - 1 PM (all boroughs)</u> <u>(12 PM - 5 PM (MN, BKLYN, BX, QNS))</u> <input type="checkbox"/> 4 PM - 9 PM (MN, BKLYN, BX) Weekend Times: <input type="checkbox"/> 9 AM - 5 PM (MN, BKLYN, BX) <u>TUE 9AM-1PM</u>	Case Adjourned to: <u>7-14-25</u> <u>9:30 AM</u>	DIVISION OF CODE ENFORCEMENT Inspector's Name: <u>George Megala</u> Inspector's Badge No.: <u>3955</u> Inspection Date: <u>6/25/25</u>																																
<table border="1"> <thead> <tr> <th>Apt. No. (OR PUBLIC AREA)</th> <th>Which Room?</th> <th>Condition(s) - Be Specific</th> <th>REPORT</th> </tr> </thead> <tbody> <tr> <td><u>2B</u></td> <td><u>ALL</u></td> <td><u>1 Vacant unit - absence of</u></td> <td><u>VR</u></td> </tr> <tr> <td><u>(IN 3RD FLOOR)</u></td> <td></td> <td><u>2 fire stopping; unsecured</u></td> <td><u>VR</u></td> </tr> <tr> <td></td> <td></td> <td><u>3 ceilings/floors.</u></td> <td><u>VR</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Apt. No. (OR PUBLIC AREA)	Which Room?	Condition(s) - Be Specific	REPORT	<u>2B</u>	<u>ALL</u>	<u>1 Vacant unit - absence of</u>	<u>VR</u>	<u>(IN 3RD FLOOR)</u>		<u>2 fire stopping; unsecured</u>	<u>VR</u>			<u>3 ceilings/floors.</u>	<u>VR</u>																		
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YOU ARE HEREBY REQUESTED / DIRECTED to inspect said premises and to report the findings of this inspection to this Court.
5-29-25 Date
 _____ Housing Judge / Judge of the Civil Court

FOR DIVISION OF CODE ENFORCEMENT USE ONLY
INSPECTION RESULTS

No Access at time of Inspection
 No Violations Issued
 Violations issued, see attached Violation Summary Report (VSR)

COURT-ORDERED INSPECTION
ONE VISIT ONLY, MUST DO



New York City Department of Housing Preservation and Development
 Office of Housing Operation

RECEIVED NYSCEF: 08/04/2025
 LST PUB PT INSP

PREMISES	COMP. DATE : 06/20/2025	BORO	CD.	AREA	BLOCK	LOT	CLASS	Const. Type	Yr Built	REG. NO.	REG. DATE
109 EAST 9 STREET		MN	3	254	00555	0040	HCB	NON-FIREPROOF	1900	117881	06/12/2024
PRESENT STATUS OF PREMISES	Local Law 1	Sprinkler	STY'S	APTS.	B ROOMS	BSM/CEL	NAME AND ADDRESS OF: AGENT				
LEGAL BLDG	YES	Y	5	0	14	CELL	GEYLIK MICHAEL 109 EAST 9TH STREET New York NY 10003 Tel.: (W)718-522-1111				
TYPE OF INSPECTION	REASON										
EMERGENCY	63										
BEDBUG FILLING METHOD: Post											
AKA 109 EAST 9 STREET											

THIRD PARTY INFO	TENANT/COMPLAINANT INFORMATION	Problem Apt: 2B	OWNER INFO PROVIDED BY TENANT
C C Designation: CODE INSPECTOR Tel : 000-000-0000 Ext.:	OWNER OCCUPIED: NO VACANT UNITN' 109 EAST 9 STREET APT # 2B 10003 Language: ENGLISH Tel.:		
Notes :			

CMPL NO	PROB NO	1 st INSP	2 nd INSP	3 rd INSP	PROBLEM DESCRIPTION
13911825	27248340	N			SAFETY , SMOKE DETECTOR , BROKEN OR MISSING ENTIRE APT WITHIN APT Note :
13911825	27248346	N			PAINT/PLASTER , CEILING , HOLE OR CRACKED ENTIRE APT WITHIN APT Note :

INSP. VISIT	REC CODE	INSP. DATE	ENTRY TIME	EXIT TIME	BADGE # NAME	RE-DAYS	A-I	C-L	APT/ROOM COUNT				PUBLIC PARTS		PROBS PER Cmplnt/Rte		
									ACCESS		NO ACCESS		EGRESS	CELLAR			
									A APTS	B UNITS	A APTS	B UNITS					
1ST	40	06/25/25	02:11 PM	02:15 PM	3955				Yes	No	No	No	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	6 / 6
2ND													Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	
3RD													Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	

NYS FORM 136 (Rev. 06/20) PART 4

INSPECTION ORDER

RECEIVED NYSCER 08/04/2025



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CMPL NO	PROB NO	1 st INSP	2 nd INSP	3 rd INSP	PROBLEM DESCRIPTION
13911825	27248335	N			SAFETY , FIRE ESCAPE , WINDOW BROKEN OR BLOCKED ENTIRE APT WITHIN APT
13911825	27248336	N			SAFETY , CARBON MONOXIDE DETECTOR , BROKEN OR MISSING ENTIRE APT WITHIN APT
13911825	27248344	V	◆		FLOORING/STAIRS , FLOOR , BROKEN OR DEFECTIVE ENTIRE APT WITHIN APT
13911825	27284786	V	◆		LINE OF TRAVEL , LINE OF TRAVEL , LINE OF TRAVEL WHOLE BLDG