

CIVIL COURT OF THE CITY OF NEW YORK

Index No.: LT/HP 307504-25

County of New York
Housing Part B

JUDICIAL REQUEST / ORDER

Dukleth, et. al. Petitioner(s),
against
109E9 LLC, HPD, DOB Respondent(s),
et. al.

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
 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>6-25-25</u> Weekday Times: <input checked="" type="checkbox"/> 9 AM - 1 PM (all boroughs) <input type="checkbox"/> 12 PM - 5 PM (MN, BKLYN, BX, QNS) <input type="checkbox"/> 4 PM - 9 PM (MN, BKLYN, BX) Weekend Times: <input type="checkbox"/> 9 AM - 5 PM (MN, BKLYN, BX) <u>13911855</u> <u>WEDNESDAY</u>	Case Adjourned to: <u>7-14-25</u> <u>9:30 AM</u>	DIVISION OF CODE ENFORCEMENT Inspector's Name: <u>George Mezala</u> Inspector's Badge No.: <u>3955</u> Inspection Date: <u>6/25/25</u>
---	--	--

Apt. No. (OR PUBLIC AREA)	Which Room?	Condition(s) - Be Specific	REPORT
<u>2B 4C</u>	<u>ALL</u>	<u>1 vacant unit - absence of</u>	<u>NVR</u>
<u>(01) FIFTH</u>		<u>2 firestopping, removal of</u>	<u>VR</u>
<u>FLOOR</u>		<u>3 ceiling & flooring.</u>	<u>VR</u>
		4	
		5	
		6	

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)

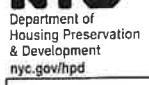
COURT-ORDERED INSPECTION
ONE VISIT ONLY, MUST DO

NYC DOC. NO. 29

INSPECTION ORDER

RECEIVED NYCDHP PART 08 08/04/2025

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



LST PUB PT INSP

PREMISES	COMP.DATE	BORO	CD.	AREA	BLOCK	LOT	CLASS	Const. Type	Yr Built	REG. NO.	REG. DATE
109 EAST 9 STREET	06/20/2025	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:	OWNER INFO PROVIDED BY TENANT
C C Designation: CODE INSPECTOR Tel : 000-000-0000 Ext.:	OWNER OCCUPIED: NO VACANT UNIT 109 EAST 9 STREET APT # 4C 10003 Language: ENGLISH Tel.:	4C	
	Notes :		

CMPL NO	PROB NO	1 st INSP	2 nd INSP	3 rd INSP	PROBLEM DESCRIPTION
13911855	27248417	N			SAFETY , CARBON MONOXIDE DETECTOR , BROKEN OR MISSING ENTIRE APT WITHIN APT Note :
13911855	27248419	N			SAFETY , FIRE ESCAPE , WINDOW BROKEN OR BLOCKED 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	01:41 PM	01:50 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 1036 (Rev. 06/20) PAR 14

INSPECTION ORDER

RECEIVED NYSCER 08/04/2025

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

LST PUB PT INSP



PREMISES	COMP. DATE	BORO	CD.	AREA	BLOCK	LOT	CLASS	Const. Type.	Yr Built	REG. NO.	REG. DATE
109 EAST 9 STREET	06/20/2025	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	
TYPE OF INSPECTION REASON EMERGENCY 63 BEDBUG FILLING METHOD: Post							
GEYLIK MICHAEL 109 EAST 9TH STREET New York NY 10003 Tel.: (W)718-522-1111							

CMPL NO	PROB NO	1 st INSP	2 nd INSP	3 rd INSP	PROBLEM DESCRIPTION
13911855	27248420	N			SAFETY , SMOKE DETECTOR , BROKEN OR MISSING ENTIRE APT WITHIN APT
13911855	27248422	V	♦		FLOORING/STAIRS , FLOOR , BROKEN OR DEFECTIVE ENTIRE APT WITHIN APT
13911855	27248424	N			PAINT/PLASTER , CEILING , HOLE OR CRACKED ENTIRE APT WITHIN APT
13911855	27284862	V	♦		LINE OF TRAVEL , LINE OF TRAVEL , LINE OF TRAVEL WHOLE BLDG