

CIVIL COURT OF THE CITY OF NEW YORK
 County of NY
 Housing Part

Index No.: LT/HP 307504/25

JUDICIAL REQUEST / ORDER
 for
HOUSING INSPECTION

DUKLETH et al } Petitioner(s),
 against
109 EQ LLC et al } Respondent(s)

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: PUBLIC AREA
 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>6-25-25</u> → <u>6-24-2025</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>TUE 9AM-1PM 13911832</u>	Case Adjourned to: <u>7-14-25</u> <u>9:30 AM</u>	DIVISION OF CODE ENFORCEMENT Inspector's Name: <u>George Magala</u> Inspector's Badge No.: <u>3955</u> Inspection Date: <u>6/25/25</u>
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Apt. No. (OR PUBLIC AREA)	Which Room?	Condition(s) - Be Specific	REPORT
<u>2ND FL</u>	<u>1</u>	<u>HOLES IN FLOOR</u>	<u>VK</u>
<u>HALLWAY</u>	<u>2</u>		
<u>(PUBLIC)</u>	<u>3</u>		
	<u>4</u>		
	<u>5</u>		
	<u>6</u>		

YOU ARE HEREBY REQUESTED / DIRECTED to inspect said premises and to report the findings of this inspection to this Court.
6-29-25 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



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

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 C C Designation: CODE INSPECTOR Tel : 000-000-0000 Ext.:	TENANT/COMPLAINANT INFORMATION OWNER OCCUPIED: NO VACANT UNIT 109 EAST 9 STREET APT # 4M 10003 Language: ENGLISH Tel.:	Problem Apt: 4M	OWNER INFO PROVIDED BY TENANT
Notes :			

CMPL NO	PROB NO	1 st INSP	2 nd INSP	3 rd INSP	PROBLEM DESCRIPTION
13911884	27248481	L			GENERAL , VENTILATION SYSTEM , BROKEN OR MISSING COMMUNITY KITCH WITHIN APT Note :
13911884	27248487	N			PAINT/PLASTER , WALL , BULGING/HOLE/CRACKED COMMUNITY KITCH 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 Cmpmnt/Rta
									ACCESS		NO ACCESS		EGRESS	CELLAR	
									A APTS	B UNITS	A APTS	B UNITS			
1ST	40	06/25/25	01:26 PM	01:30 PM	3955				No	No	Yes	No	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	3 / 3
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"/>	



INSPECTION ORDER
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