

**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  
109 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: 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>6-19-25 THURS 6-26-25</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>139 118 604</u> AM - 1PM		Case Adjourned to: <u>7-14-25</u> @ (930 AM)	<b>DIVISION OF CODE ENFORCEMENT</b> Inspector's Name: <u>Georgette Megala</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>Stairwell (PUBLIC)</u>		1 Insecure Railings	<u>VR</u>
		2 Loose stairwell tread btwn 3rd & 4th	<u>NVR</u>
		3 4th floor landings.	<u>NVR</u>
	4		
	5		
	6		

YOU ARE HEREBY REQUESTED / DIRECTED to inspect said premises and to report the findings of this inspection to this Court.  
6-24-25 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**

NYS INDEX NO. 34

INSPECTION ORDER

RECEIVED NYSCEF: 08/04/2025  
HQS (REV. 06/20) PART A



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

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

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

CMPL NO	PROB NO	1 st INSP	2 nd INSP	3 rd INSP	PROBLEM DESCRIPTION
13911873	27248458	N			PLUMBING , TOILET , BOWL LOOSE OR WOBBLY COMMUNITY BTHRM WITHIN APT  <b>Note :</b>
13911873	27248461	N			PLUMBING , BATHTUB/SHOWER , BROKEN OR MISSING COMMUNITY BTHRM WITHIN APT  <b>Note :</b>

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	01:00 PM	01:10 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"/>	

NYS INDEX NO. 34

**INSPECTION ORDER**

RECEIVED NYSCEF: 08/04/2025  
 OHO FORM 1036 (REV. 0620) PART A



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		
TYPE OF INSPECTION	REASON							GEYLIK MICHAEL 109 EAST 9TH STREET New York NY 10003 Tel.: (W)718-522-1111
IMMEDIATE EMERGEI	63							
BEDBUG FILLING METHOD: Post								

CMPL NO	PROB NO	1 st INSP	2 nd INSP	3 rd INSP	PROBLEM DESCRIPTION
13911873	27248459	N			PLUMBING , BASIN/SINK , BASIN MISSING COMMUNITY BTHRM WITHIN APT

NYS OFFICE NO. 34

**INSPECTION ORDER**

RECEIVED NYSCOFF-08/04/2025  
 (REV. 06/20) PART A



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

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

<b>THIRD PARTY INFO</b> C C Designation: CODE INSPECTOR Tel.: 000-000-0000 Ext.:	<b>TENANT/COMPLAINANT INFORMATION</b> Problem Apt: PA OWNER OCCUPIED: NO  VACANT UNIT 109 EAST 9 STREET APT # PA 10003 Language: ENGLISH Tel.:  Notes :	<b>OWNER INFO PROVIDED BY TENANT</b>
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CMPL NO	PROB NO	1 st INSP	2 nd INSP	3 rd INSP	PROBLEM DESCRIPTION
13911866	27248446	P	◆		FLOORING/STAIRS , STAIRS , HANDRAIL MISSING FROM WALL STAIRS WITHIN APT  Note :
13911866	27248450	P	◆		FLOORING/STAIRS , FLOOR , FLOOR COVERING TORN OR MISSING FIRE STAIRS/TWR WITHIN APT  Note :

INSP. VISIT	REC CODE	INSP. DATE	ENTRY TIME	EXIT TIME	BADGE #/ NAME	RE-DAYS	A-I	C-L	APT/ROOM COUNT				PROBS PER Cmplnt/Rte		
									ACCESS		NO ACCESS			PUBLIC PARTS	
									A APTS	B UNITS	A APTS	B UNITS		EGRESS	CELLAR
1ST	40	06/25/25	01:21 PM	01:25 PM	3955				No	No	Yes	No	Y N <input type="checkbox"/> <input checked="" type="checkbox"/>	Y N <input type="checkbox"/> <input checked="" type="checkbox"/>	2 / 2
2ND													Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	
3RD													Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	