

ENVIRONMENTAL CONTROL BOARD  
NOTICE OF VIOLATION AND HEARING

34206761

COMMISSIONER OF THE DEPARTMENT OF BUILDINGS OF THE CITY OF NEW YORK, PETITIONER, V.

RESPONDENT:

Owner of 109 East 9th St NY, NY 10003

Last Name: Owner First Name: of 109 East 9th St

Mailing Address: Street: City: State: Zip Code:

COMMISSIONER'S ORDER TO CORRECT VIOLATION(S)

PLEASE TAKE NOTICE that the premises cited is in violation of the requirements of law. It is further ORDERED BY THE COMMISSIONER OF THE DEPARTMENT OF BUILDINGS that these violations be remedied and certified to be in compliance with the requirements of law. Certification of Correction must be made on the Certificate of Correction form on the back of this violation or other Department of Buildings supplied form. Send the Certificate of Correction to: New York City Department of Buildings, Administrative Enforcement Unit, 60 Hudson Street, 14th Floor, New York, NY 10013-3394.

TO AVOID A HEARING AND PENALTY FOR FIRST OFFENSE, NON-HAZARDOUS VIOLATIONS, the properly completed Certificate of Correction and all additional proof of compliance must be both received by the New York City Department of Buildings, Administrative Enforcement Unit before the close of business on 05/12/99, and approved by the Department.

READ THE INSTRUCTIONS CAREFULLY: CALL (212) 312-8400 FOR INFORMATION

ATTENTION SECOND OFFENSE AND/OR HAZARDOUS OFFENSE VIOLATORS: YOU MUST COMPLY WITH THE COMMISSIONER'S ORDER AND APPEAR AT THE HEARING ON THE SCHEDULED DATE.

NOTICE OF VIOLATION AND HEARING

If the Certificate of Correction is not received by the date indicated above or is not approved by the Department or if you are charged with a Hazardous or Second Offense violation, YOU ARE REQUIRED AND HEREBY DIRECTED TO APPEAR FOR A HEARING ON 05/22/99 at  8:30 a.m.  10:30 a.m.  1:30 p.m. at the Environmental Control Board (ECB) hearing office located in:

- Brooklyn 233 Schermerhorn Street
- Queens 144-06 94th Avenue
- Staten Island 350 St. Marks Place
- Manhattan 1250 Broadway
- Bronx 1932 Arthur Avenue

Proceedings will be held under authority of the N.Y.C. Charter section 1404 and rules promulgated thereunder. This hearing is your opportunity to answer and defend against the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

Upon investigation it has been determined by the above named Petitioner that the above named Respondent violated Title 26 and/or Title 27 of the N.Y.C. Administrative Code and/or the Zoning Resolution of the City of New York and/or rules and regulations promulgated thereunder.

PLACE OF OCCURRENCE				BORO	DATE OF VIOLATION	Type	Dist.	Code	Nc
109 East 9th Street				Manh	04/06/99	C	B3	610	
Construction	No. of Stories	Block	Lot	Basis of Violation (P.A. No. or Other)			PRIOR VIOLATION NUMBER		
III	5	555	40	Complaint # 1064783					
Occupancy at time of inspection									
SRO									

Computer No.	Provision of Law	<input type="checkbox"/> HAZARDOUS	DESCRIPTION OF VIOLATION(S)	<input type="checkbox"/> SECOND OFFENSE
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B04 27-147 Work without a permit: Work completed noted: 3rd floor level West side partitions erected creating kitchen with stove, sink, refrigerator in conjunction with bathroom with plane lessening exits to 3 total on floor. East side 3rd floor main partition and door w/ entrance top reducing hallway, enlarging space.

Remedy: Obtain all permits if possible, conditions or restore to prior legal condition.

INSPECTOR'S LAST NAME, FIRST INITIAL: GIARRAPUTO J

BADGE NUMBER: 856

I PERSONALLY OBSERVED THE COMMISSION OF THE OFFENSE(S) CHARGED ABOVE AND/OR VERIFIED THEIR EXISTENCE THROUGH REVIEW OF DEPARTMENTAL RECORDS.

Inspector's signature: [Signature]

This statement is affirmed under penalty of perjury 4/7/99

# Affidavit Of Service

STATE OF NEW YORK, COUNTY OF NEW YORK )ss:

The undersigned being duly sworn, deposes and says, I am over 18 years of age, and not a party to this action. That on the 6<sup>th</sup> day of April 1999 at 8:25 a.m. (circle one) at 109 E 92<sup>nd</sup> Street (address) I served the within Notice of Violation and Hearing on the respondent named therein:

**NOTE: YOU MUST COMPLETE EITHER SECTION A OR B OR C. SECTION D MUST BE COMPLETED UNLESS SERVICE WAS EFFECTED THROUGH A3 or C2**

## A. INDIVIDUAL OR PARTNERSHIP

- Individual or Partnership - Personal Service**  
by delivering and leaving a true copy with \_\_\_\_\_ said respondent personally.
- Individual or Partnership - Substituted Service**  
by delivering thereat a true copy to \_\_\_\_\_ a person of suitable age and discretion at respondent's actual place of business, dwelling place or usual place of abode within the state.
- Individual or Partnership - CPLR Affix and Mail Service**  
by affixing a true copy to the door of said premises, which is Respondent's actual place of business, dwelling place of abode within the state. Deponent was unable, with due diligence to find Respondent or a person of suitable age and discretion thereat, having called there: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at \_\_\_\_\_ am/pm; \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at \_\_\_\_\_ am/pm; \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at \_\_\_\_\_ am/pm.
- Required Mailing [Use with 2 or 3]**  
On \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ I enclosed a copy of same in a first class post paid envelope properly addressed to Respondent's last known residence or actual place of business and deposited said envelope in an official depository under the exclusive care and custody of the U.S. Postal Service. The envelope bore the legend "personal & confidential" and did not indicate on the outside thereof, by return address or otherwise that the communication was from an attorney or concerned an action against the respondent.

## B. CORPORATION

- Corporation**  
by delivering and leaving a true copy with \_\_\_\_\_ an Officer, Director, Managing Agent, General Agent, Cashier or Assistant Cashier (circle one) of said respondent corporation.
- Corporate - Secretary of State Service**  
by delivering to and leaving two (2) copies with \_\_\_\_\_ in the Office of the Secretary of State, of the State of New York, personally at the Office of the Secretary of State of the State of New York. That said service was made pursuant to article three of the Business Corporation Law. Deponent further says that s/he knew the person so served as aforesaid to be employed in the Office of the Secretary of State of the State of New York, duly authorized to accept such service on behalf of said Respondent.

## C. ALTERNATE METHOD/CHARTER SERVICE

I made a reasonable attempt to deliver the Notice of Violation to a person in such premises upon whom service may be made as provided for by article three of the civil practice law and rules or article three of the business corporation law. Having been unable to locate a person in such premises upon whom service may be made in accordance with the above referenced laws, I served the within Notice of Violation and Hearing on the respondent named therein:

- Delivery to an employee of respondent at premises**  
by delivering and leaving a true copy with \_\_\_\_\_ whom I believe to be a person employed by the respondent on or in connection with the premises where the violation occurred because:  
 Employee so identified himself/herself       Employee was performing work consistent with being employed by the respondent.       Other \_\_\_\_\_
- Charter § 1404 Affix and Mail Service**  
by posting a true copy of such notice in a conspicuous place upon the premises therein mentioned.

Said alternate method of service was made in accordance with N.Y.C. Charter section 1404.

NOTES: \_\_\_\_\_

## D. DESCRIPTION OF INDIVIDUAL

Deponent further states that s/he describes the person actually served as follows:

<input type="checkbox"/> Male	<input type="checkbox"/> Black Skin	<input type="checkbox"/> Black Hair	<input type="checkbox"/> White Hair	<input type="checkbox"/> 14-20 Yrs.	<input type="checkbox"/> Under 5'	<input type="checkbox"/> Under 100 Lbs.
<input type="checkbox"/> Female	<input type="checkbox"/> Brown Skin	<input type="checkbox"/> Blond Hair	<input type="checkbox"/> Balding	<input type="checkbox"/> 21-35 Yrs.	<input type="checkbox"/> 5'0"-5'3"	<input type="checkbox"/> 101-130 Lbs.
	<input type="checkbox"/> Red Skin	<input type="checkbox"/> Brown Hair	<input type="checkbox"/> Mustache	<input type="checkbox"/> 36-50 Yrs.	<input type="checkbox"/> 5'4"-5'8"	<input type="checkbox"/> 131-160 Lbs.
	<input type="checkbox"/> White Skin	<input type="checkbox"/> Gray Hair	<input type="checkbox"/> Beard	<input type="checkbox"/> 51-65 Yrs.	<input type="checkbox"/> 5'9"-6'0"	<input type="checkbox"/> 161-200 Lbs.
	<input type="checkbox"/> Yellow Skin	<input type="checkbox"/> Red Hair	<input type="checkbox"/> Glasses	<input type="checkbox"/> Over 65 Yrs.	<input type="checkbox"/> Over 6'0"	<input type="checkbox"/> Over 200 Lbs.

Other identifying characteristics \_\_\_\_\_

SWORN TO BEFORE ME ON THE 7 DAY OF April 99

Signature \_\_\_\_\_

Supervisor's Signature [Signature]

Printed Name [Signature]