

NYCServ Violation Copy

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11402157R

For E.U. Use Only: FPIMS Date 3/20/15 Initials VS
 Agency Code No. 78-999-2557
 F.P.I.M.S. Account No. 819101153215 FP Unit 36 ADMIN. C.O. 110101 C.B. # 1
 ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK NOTICE OF VIOLATION AND HEARING NOV# 11402157R

Petitioner, New York City Fire Department vs Respondent:
7900 DEVELOPMENT LLC
 Respondent is: ☒ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center
 Place of Occurrence (Premises Address)
 BLDG 79-109 Prefix 11373 Street Name QUEENS
 Type BLVD Suffix 11373 Zip Code 11373 Boro Code 05T 1-Man; 2-Bx; 3-Si; 4-Bklyn; 5-Qns; 6-Out of city
 Mailing Address (if different from premises address)
 BLDG 79-109 Prefix 11373 Street Name QUEENS
 Type BLVD Suffix 11373 Zip Code 11373 Boro Code 05T 1-Man; 2-Bx; 3-Si; 4-Bklyn; 5-Qns; 6-Out of city
 Add Info/AKA 11373

Notice of Violation and Order to Correct and Certify Correction:
 PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy). The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Legal Affairs, Administrative Enforcement Unit, 9 MetroTech Center, 1st Floor, Brooklyn, New York 11201-3857 (718) 999-2392 by close of business on 3/23/15. First offenders whose proof of correction is accepted by the Fire Department by such date will avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.
 Notice of Hearing:
 If the Certificate of Correction is NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 3/23/15 at 9:30am, ☐ 10:30am, ☐ 1:30pm, at the ECB Hearing Office located in ☐ Brooklyn ☐ Manhattan ☒ Queens ☐ Staten Island ☐ Bronx. (The address for each location is provided on the reverse side of this form.) Proceedings will be held under the authority of Section 1049-a of the NYC Charter and the rules promulgated thereunder. This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties. REPEAT OFFENDERS MUST APPEAR at the hearing on the scheduled date.

Upon investigation, the Fire Department has determined that the above named respondent is in violation of the New York City Administrative Code and/or rules promulgated thereunder with respect to the following requirements (which have been consolidated into violation categories (VC) for enforcement purposes, as set forth in Fire Department rule 3 RCVNY §109-02):

<p>VC 1 Portable Fire Extinguishers and Fire Hoses <input type="checkbox"/> Failed to provide and/or maintain required (portable fire extinguishers/ fire hoses/other) at <u>LOCATION</u> <input type="checkbox"/> Failed to provide required container(s) for combustible waste and/or store combustible waste in a container at <u>LOCATION</u> <input type="checkbox"/> Failed to (obtain/renew/possess) a permit for <u>TYPE OF PERMIT</u> <input type="checkbox"/> Unlawful Quantity or Location of Regulated Material (Manufacture/Storage/Handle/Use) <u>LOCATION</u> in violation of permit/quantity/location restrictions. <input checked="" type="checkbox"/> Recordkeeping Failed to (maintain/produce) records for <u>see below</u> <input checked="" type="checkbox"/> Signs, Postings, Notices and Instructions Failed to provide and/or maintain required (signs/postings/notices/instructions) for <u>see below</u> <input type="checkbox"/> Labels and Markings Failed to provide and/or maintain required label, or other marking for <u>LOCATION</u> <input type="checkbox"/> Storage, Accumulation and Removal of Combustible Material and Waste Failed to remove combustible waste and/or allowed the storage/accumulation of combustible material, waste and/or vegetation at: <u>LOCATION</u> <input checked="" type="checkbox"/> Rooftop Access and Means of Egress Failed to provide access/egress free from obstructions or impediments, and/or failed to maintain required egress at: <u>see below</u> <input type="checkbox"/> Overcrowding Failed to limit number of persons in <u>TYPE OF SPACE</u> to <u>NUMBER OF PERSONS</u> at <u>LOCATION</u> <input type="checkbox"/> General Maintenance Failed to maintain <u>SPECIFY</u> in (good working order/clean condition) or in compliance with (general maintenance/ housekeeping) requirements. <input type="checkbox"/> Fire Protection Systems Failed to provide and/or maintain required <u>TYPE/DESCRIPTION</u> at <u>LOCATION</u> and/or prevent unnecessary/unwarranted alarms. <input type="checkbox"/> Flame-Resistant Materials Failed to provide and/or maintain required flame-resistant materials at <u>LOCATION</u> <input checked="" type="checkbox"/> Fire-Rated Doors and Windows Failed to (provide/protect/maintain) required fire-rated/self-closing/access) door or window at <u>see below</u> <input checked="" type="checkbox"/> Fire-Rated Construction Failed to provide and/or maintain required fire-rated construction at <u>see below</u> <input type="checkbox"/> Ventilation Failed to provide and/or maintain required ventilation at <u>LOCATION</u> for <u>SPECIFY TYPE</u> <u>SPECIFY PURPOSE</u></p>	<p>VC 18 Certificates of Fitness and Certificates of Qualification <input checked="" type="checkbox"/> Failed to obtain and/or produce required (Certificate of Fitness/Certificate of Qualification) for <u>see below</u> <input type="checkbox"/> Certificates of Approval, Certificates of License and Company Certificates Failed to obtain and/or produce required Certificate of Approval for <u>TYPE</u> Certificate of License, or Company Certificate for <u>TYPE</u> <input type="checkbox"/> Affidavits, Design and Installation Documents and Other Documentation Failed to (prepare/produce/submit) required documentation: <input type="checkbox"/> Inspection and Testing Failed to conduct required (initial/periodic) inspection or test of <u>DESCRIPTION</u> at <u>LOCATION</u> <input type="checkbox"/> Portable Containers Failed to (provide/use) required container for <u>TYPE</u> at <u>LOCATION</u> <input type="checkbox"/> Stationary Tanks Failed to provide required stationary tank storage system for <u>TYPE OF MATERIAL</u> at <u>LOCATION</u> <input type="checkbox"/> Storage Facilities Failed to provide required storage (cabinets/enclosures/rooms/vaults) at <u>LOCATION</u> <input type="checkbox"/> Storage of Hazardous Materials/Commodities Failed to provide required racks and/or shelf storage, and/or failed to store <u>TYPE OF MATERIAL/COMMODITIES</u> at <u>MANUFACTURE/LOCATION</u> <input type="checkbox"/> Electrical Hazards Failed to provide and/or maintain required electrical devices/equipment and/or allowed electrical hazards to exist at <u>LOCATION</u> <input type="checkbox"/> Heating and Refrigeration Equipment and Systems Failed to provide and/or maintain required (heating/refrigerating) system for <u>SPECIFY</u> <input type="checkbox"/> Electrical Lighting Hazards Failed to provide, protect, and/or maintain required lighting devices or equipment at <u>LOCATION</u> <input type="checkbox"/> Open Fires, Open Flames and Sparks Unlawfully (lit/maintained/operated/used/failed to protect) (open-fire/open flame/sparking device) at <u>LOCATION</u> <input type="checkbox"/> Designated Handling and Use Rooms or Areas Failed to provide required (room/area) for (handling/use) of <u>TYPE OF MATERIAL/ACTIVITY</u> at <u>LOCATION</u> <input type="checkbox"/> Emergency Planning and Preparedness Failed to comply with emergency planning and preparedness requirements <u>SPECIFY</u></p>
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Repeat Violation (\$15-229) ☒ Repeat violation of VC(s) 5, 6, 9, 14, 15, 17 as previously cited on NOV# 11401042M (Respondent must appear at hearing.)
 False Certification (\$15-220.1) ☐ Willfully falsified Certificate of Correction for NOV# 11401042M (Respondent must appear at the hearing.)
 Other Fire Code/Rule Violations ☐ Describe offense below.
 Description of Violation: V.C.# 5, 6, 9, 14, 15, 17 see supplementary forms

I personally observed the violations charged above or personally reviewed the office records indicating such violations.
 All statements made herein are affirmed/certified under penalty of perjury. Date of Offense: 03/10/15 Time: 3:50 a.m. (GMT)
☒ Supplement Attached
 Inspector's Identification Number 059416195 INSPECTOR'S SIGNATURE Andrew L. Hynsby
 PRINT NAME Andrew L. Hynsby

M25-19 H-912711-1-12

AFFIDAVIT (CERTIFICATE) OF SERVICE (COMPLETE REVERSE SIDE)
 ECB COPY