

NYCServ Violation Copy

Internet



34458830P



NOTICE OF VIOLATION AND HEARING

COMMISSIONER OF THE DEPARTMENT OF BUILDINGS
OF THE CITY OF NEW YORK, PETITIONER, AGAINST

1061083

Violation No. 34458830P
ENVIRONMENTAL CONTROL BOARD

Respondent	First name (or entity name) NIA MANAGEMENT CORP	Last name
<input type="checkbox"/> Mailing address (Check if same address as place of occurrence)	Number and street 211 EDGEcombe AVENUE	City State Zip code NEW YORK NY 10030

Additional mailing to be sent (agent, care of, other):

Name	First name	Last name	Company
Mailing address	Number and street		City State Zip code

Commissioner's Order To Correct Violations

Found 5 U's

Place of occurrence	180 EDGEcombe AVENUE	Boro MANHATTAN	Date of violation 027-06	Type 1198	Dist.	Code	No.
Construction type	No. of stories	Block	Lot	Occupancy at time of inspection	Basis of violation 010705LL1198HAZ50338		

Based upon the inspection of the premises and/or records of the Department, the undersigned has determined that you are in violation of the sections of law cited below, of Title 26 and/or 27 of the NYC Administrative Code, and the Zoning Resolution.

Computer No.	Provision of law	Violating conditions observed	<input type="checkbox"/> Hazardous	<input checked="" type="checkbox"/> Second offense Prior ECB violation #
BG5	27-129 (d)(1) (b and c)	FAILURE TO FILE AN AMENDED FIFTH ROUND REPORT ACCEPTABLE TO THIS DEPARTMENT INDICATING CORRECTION OF UNSAFE CONDITIONS DESCRIBED IN INITIAL LOCAL LAW 11/98 REPORT.		344614284

Remedy: FILE AN AMENDED REPORT FOLLOWING REMEDIAL REPAIRS OF THE SUBJECT PREMISES.

26-126.1 (e)(f) Per day penalty for violation of section 27-118.1 x _____ units added.

The Commissioner of the Department of Buildings orders that you correct these conditions and file a certificate of such correction.

Resolution options	Hearing information
<p>CURE DATE <u> / / </u></p> <p>At the hearing, you have the option to contest or admit the violation. If a "cure date" appears in the box above, you have the additional option to admit the violation and certify correction by the cure date, resulting in a finding of "in violation," but no hearing or penalty. Also, depending on the type of violation, you may be eligible to accept a stipulation. For more information, see reverse side of the yellow copy of the "Notice of Violation and Hearing".</p>	<p>If the Certificate of Correction (for a "cure") is not received by the date indicated to the left or is not approved by the Department or IF YOU ARE CHARGED WITH A HAZARDOUS OR SECOND OFFENSE VIOLATION, YOU ARE REQUIRED TO APPEAR FOR A HEARING AT THE ENVIRONMENTAL CONTROL BOARD (ECB) ON:</p> <p>Hearing date <u>9/15/05</u> at <input checked="" type="checkbox"/> 10:30 AM <input type="checkbox"/> 1:30 PM <input type="checkbox"/> Other _____</p> <p>Environmental Control Board hearing locations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Queens, (718) 298-7300 - 144-06 94th Avenue, 1st fl. <input checked="" type="checkbox"/> Manhattan, (212) 361-1400 - 66 John Street, 10th fl. <input type="checkbox"/> Brooklyn, (718) 875-6796 - 233 Schermerhorn Street, 11th fl. <input type="checkbox"/> Bronx, (718) 679-6844 - 1932 Arthur Avenue, 6th fl. <input type="checkbox"/> Staten Island, (212) 361-1400 - 350 St. Marks Place, 1st fl. <p>Proceedings will be held under authority of the NYC Charter section 1404 and rules promulgated thereunder at 15 RCNY Chapter 31. This hearing is your opportunity to answer and defend against the allegations set forth above. If you do not appear, you will be held in default and subjected to maximum penalties.</p>

For more information, To reschedule your hearing or inquire about the case status, call the Environmental Control Board at the numbers listed above. For information on certifying correction of this violation, read instructions on the Certificate of Correction form, call the Department of Buildings at 311, or go to www.nyc.gov/buildings.

Issuing officer's last name, first initial (print) DAVID ROA I personally observed the violation(s) charged and/or verified their existence through review of departmental records.

Badge number 919181 Issuing officer's signature [Signature] This statement is affirmed under penalty of perjury.

Supervisor's signature _____

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ORIGINAL-ECB COPY

ECB-PC (Rev. 08/03)