NYCServ Violation Copy

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NYC Buildings

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0213 680 235

ENFORCEMENT AGENCY: Dept. of Buildings
AGENCY CONTACT INFORMATION: (212) 393-2930 DIVISION: MDIU

LAST NAME OR COMPANY NAME (Print): Core Design FIRST NAME: & Build Inc.
CELL PHONE #:
STREET ADDRESS: 34-51 Vernon Blvd APT. NO.:
CITY: Long Island City STATE: NY ZIP: 11106
ID NUMBER: 5220095
TYPE OF ID/ISSUED BY: NYS DOS CORPORATE ID

DATE OF OCCURRENCE: 07/18/2024 TIME OF OCCURRENCE: 11:50AM
PLACE OF OCCURRENCE: 475 West Broadway
BOROUGH OF OCCURRENCE: MANHATTAN CB No.: 102
☐ Alternative Service

You must respond to the Summons. You can appear on the hearing date and the location below or choose another option. For other options on how to respond, see the back of this page.

HEARING DATE: 09/26/2024 **AT:** 8:30AM
OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
MANHATTAN See reverse side for address
[borough]
Phone: (844)628-4692

FOR HEARING OPTIONS, SEE THE BACK OF THIS PAGE
REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE

WARNING: If you do not respond, you may be found automatically responsible and you may owe larger penalties. If you do not pay any imposed penalties, you may lose your ability to keep or get a City license, permit or registration. The City might also take further legal action against you. See the back for more information.

Details of Violation(s)

Section/Rule: 28-401.4 OATH Code: 1 9 1

Mail-In Penalty: $ 5K Maximum Penalty: $ 25K

☐ Respondent must appear in person

AT 0 I observed that respondent facilitated unlicensed plumbing work having 2 workers actively performing plumbing installation of new piping connections at cellar level of job site. They're responsible party of without first obtaining MP license to do so. Respondent holds no license.

☐ Property Removed ☐ 1-2 Family ☐ Multiple Dwelling ☐ Commercial

OATH

NYC Charter Sections 1048 and 1049-a and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings.

I, an employee of the enforcement agency named above, affirm under penalty of perjury that I personally observed the commission of the violation(s) charged above and/or verified their existence through a review of departmental records. False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.

RANK (TITLE) SIGNATURE OF COMPLAINANT: Insp Doctor
REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.): M B I U
COMPLAINANT'S NAME (Printed): J. JULIANO
TAX REGISTRY NUMBER: 13670
AGENCY: 810

NOTICE ALSO SENT TO FIRST NAME
LAST NAME
STREET ADDRESS
CITY STATE ZIP

0213 680 235