NYCServ Violation Copy

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0213683187

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NYC Buildings

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0213 683 187

ENFORCEMENT AGENCY: Dept. of Buildings
AGENCY CONTACT INFORMATION: (212) 393-2130 **DIVISION:** OSI

LAST NAME OR COMPANY NAME (Print)	EXPERT
FIRST NAME	PIPING & HEATING CORP.
CELL PHONE #:	(917) 588-5725
STREET ADDRESS	478 ALBANY AVENUE
APT. NO.	SUITE #9
CITY	BROOKLYN
STATE	NY
ZIP	11203
ID NUMBER:	4519627
TYPE OF ID/ISSUED BY:	NYS DOS CORPORATE ID

DATE OF OCCURRENCE: 03/05/2025 TIME OF OCCURRENCE: 11:45AM
PLACE OF OCCURRENCE: 478 ALBANY AVE, SUITE #9
BOROUGH OF OCCURRENCE: BROOKLYN CB No. 309
☐ 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: 05/14/2025 **AT:** 10:30AM
OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
BROOKLYN [borough] See reverse side for address
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

Respondent held self out as authorized to perform plumbing installation/repair/replacement, general plumbing & boiler & hot water heater plumbing work on website & various advertisements (expertpipingnyc.com) NYS Comm Tag #Expert 1).

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

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	Inspector	REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.)	OSI
COMPLAINANT'S NAME (Printed)	J. JULIANO	TAX REGISTRY NUMBER	36170
AGENCY	810		

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

Respondent holds no NYC Master Plumber License

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