NYCServ Violation Copy

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SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0218 049 426

CITIZEN PETITIONER: Michael McFadden

CITIZEN PETITIONER CONTACT INFORMATION: NYCAIR22@Gmail.com

LAST NAME OR COMPANY NAME (Print)	FIRST NAME
CERTIFIED LUMBER LLC	
CELL PHONE #	
STREET ADDRESS 148 CLASSON AVE	APT NO.
CITY BROOKLYN STATE NY ZIP 11205	
ID NUMBER:	
TYPE OF ID/ISSUED BY:	

DATE OF OCCURRENCE: 11/12/25 TIME OF OCCURRENCE: 8:27:15AM

PLACE OF OCCURRENCE: Jamaica Ave; 222St - 224St;

BOROUGH OF OCCURRENCE: Queens CB No.

☑ 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: 09/16/26 **AT:** 9:00AM

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 Ad.Code 24-163(g) OATH Code E 9 3

Mail-In Penalty: $ 600.00 Maximum Penalty: $ 2,000.00

☐ Respondent must appear in person Respondent Counsel or Representative

This truck engine idle for over 3min while parked, stand-ing, stopped, No Process. From: 8:23:35 Am - 8:27:15 AM OATH

2nd Offense Violation. Prior NOVs: 0008621068, 0008621078,

☐ 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.

Per Section 1049-a(d)(1)(b) of the New York City Charter, which provides that the form and wording of summonses shall be prescribed by the Board,

THIS SUMMONS CANNOT BE SWORN TO OR AFFIRMED

NY - 51342MH

SIGNATURE OF CITIZEN PETITIONER

REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.)

CITIZEN PETITIONER'S NAME (Printed) M. McFadden

TAX REGISTRY NUMBER

AGENCY 999

NOTICE ALSO SENT TO

FIRST NAME

LAST NAME

STREET ADDRESS

CITY STATE ZIP

0218 049 426