

# NYCServ Violation Copy

## Internet



35666956N

| <b>NYC</b><br>Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SUMMONS AND COMMISSIONER'S ORDER • CIVIL PENALTIES APPLY</b><br><b>SUMMONS NUMBER: 35666956N</b><br><b>ENFORCEMENT AGENCY: NYC DEPT OF BUILDINGS</b><br>AGENCY ADDRESS AND WEBSITE: 280 Broadway, New York, NY 10007 <a href="http://www.nyc.gov/buildings">www.nyc.gov/buildings</a> | <br>35666956N   |                  |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
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| <b>RESPONDENT:</b> <u>SENECA AVE BEATHY HOLDING LLC</u> (First Name/Entity, Last)<br><b>MAILING ADDRESS:</b> <u>177 CANDLEWOOD PARK</u><br><u>DIX HILLS NY 11746-5337</u><br><b>DOB License/Registration #:</b> _____<br><b>CELL PHONE:</b> <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                 |                  |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
| <b>DATE OF OCCURRENCE:</b> <u>06/14/2023</u> <b>TIME OBSERVED:</b> <u>10:51</u> am/pm<br><b>PLACE OF OCCURRENCE:</b> <u>67-17 MYRTLE AVE</u> <b>BOROUGH:</b> <u>QUEENS</u><br><b>BLOCK:</b> <u>3680</u> <b>LOT:</b> <u>38</u> <b>BIN:</b> <u>4089428</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                          |                 |                  |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
| You must appear or respond to the details of violation(s) below. For HOW TO RESPOND, see the back of this summons.<br><b>HEARING DATE:</b> <u>8/22/2023</u> <b>AT:</b> <input checked="" type="checkbox"/> 8:30 am <input type="checkbox"/> 10:30 am <input type="checkbox"/> 12:30 pm<br><b>OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS:</b> <u>QUEENS</u> [Borough] (See reverse side for address)<br>Phone: (845) 628-4692<br><b>REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE.</b><br><b>WARNING:</b> If you do not appear or respond to this Summons, the City will decide the Summons against you and impose penalties. Failure to pay a civil penalty could lead to the denial of an application for, or the suspension, termination or revocation of a City license, permit or registration. In addition, the City may enter a judgment against you in court.                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                          |                 |                  |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
| <b>COMMISSIONER'S ORDER TO CORRECT VIOLATION CONDITION(S)</b><br><b>CURE DATE (Zero Penalty Option, if available):</b> _____ <b>Must Appear:</b> <input checked="" type="checkbox"/><br><input type="checkbox"/> 1-2 Family Property <b>Details of Violation(s)</b> (If disputing the charge)<br><b>Type of Construction:</b> <u>IL</u> <b>No. of Stories:</b> <u>3</u> <b>Vio. Type:</b> <u>C</u> <b>Dist.</b> <u>08M</u> <b>Code</b> <u>CN</u> <b>No.</b> <u>02</u><br><b>Occupancy at Time of Inspection:</b> <u>MD</u> <b>Complaint#:</b> <u>4924902</u> <b>Related Job#:</b> _____<br>(If applicable) (If applicable)<br>Based on an inspection of the premises and/or records of the Department, the undersigned has determined that you are in violation of the section of law cited below of the NYC Administrative Code, the NYC Zoning Resolution and/or Titles 1 or 2 of the Rules of the City of New York.                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                 |                  |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
| <table border="1"><thead><tr><th>Violating Conditions Observed</th><th>Infraction Code</th><th>Class</th><th>Provision of Law</th></tr></thead><tbody><tr><td></td><td><u>B181</u></td><td><u>1</u></td><td><u>BC 3303.4</u></td></tr><tr><td></td><td></td><td></td><td><u>27-1018</u></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Violating Conditions Observed                                                                                                                                                                                                                                                            | Infraction Code | Class            | Provision of Law |  | <u>B181</u> | <u>1</u> | <u>BC 3303.4</u> |  |  |  | <u>27-1018</u> | <table border="1"><thead><tr><th>Recurring Condition- Aggravated I per 1RCNY 102-01(f)</th><th>Stop Work/Vacate Order Issued</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Full <input type="checkbox"/> Partial</td></tr></tbody></table> | Recurring Condition- Aggravated I per 1RCNY 102-01(f) | Stop Work/Vacate Order Issued | <input type="checkbox"/> | <input type="checkbox"/> Full <input type="checkbox"/> Partial | <table border="1"><thead><tr><th>Aggravated II Condition per 1RCNY 102-01(f)</th></tr></thead><tbody><tr><td><input type="checkbox"/></td></tr></tbody></table> | Aggravated II Condition per 1RCNY 102-01(f) | <input type="checkbox"/> |
| Violating Conditions Observed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Infraction Code                                                                                                                                                                                                                                                                          | Class           | Provision of Law |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>B181</u>                                                                                                                                                                                                                                                                              | <u>1</u>        | <u>BC 3303.4</u> |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                          |                 | <u>27-1018</u>   |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
| Recurring Condition- Aggravated I per 1RCNY 102-01(f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Stop Work/Vacate Order Issued                                                                                                                                                                                                                                                            |                 |                  |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Full <input type="checkbox"/> Partial                                                                                                                                                                                                                           |                 |                  |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
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| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                          |                 |                  |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
| <b>Violation Detail(s):</b> <u>Failure to maintain adequate housekeeping per Section requirements.</u><br><u>Note: At time of inspection at above premises observed in rear of building excessive combustible construction debris garbage. Debris consist of street rock, plywood, metal framing and black garbage bags.</u><br><b>Remedy:</b> <u>MAINTAIN Adequate construction housekeeping.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                          |                 |                  |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
| THE COMMISSIONER ORDERS THAT YOU TIMELY CORRECT THESE CONDITIONS AND FILE A CERTIFICATE OF SUCH CORRECTION. See 1RCNY 102-01 and the reverse for instructions on certifying correction. Uncorrected violations are subject to additional violations and penalties. For certain charges, additional DOB civil penalties may apply pursuant to sections 28-213.1, 28-219.1 and 28-207.2.6 of the Administrative Code. A property owner may be liable for payment of these additional civil penalties even if not cited as respondent on this summons.<br>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. For hearing options, see other side of this notice.<br>I, an employee of the Department of Buildings, 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. |                                                                                                                                                                                                                                                                                          |                 |                  |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |
| <b>Issuing Officer:</b> <u>C. Neims</u> <b>Signature:</b> <u>C. Neims</u> <b>Badge#</b> <u>3225</u> <b>Unit Code:</b> <u>H D</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                          |                 |                  |                  |  |             |          |                  |  |  |  |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |                                                                                                                                                                 |                                             |                          |

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