

# NYCServ Violation Copy

## Internet



37030026X

| <b>NYC</b><br>Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SUMMONS AND COMMISSIONER'S ORDER • CIVIL PENALTIES APPLY</b>                                | <br>37030026X |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------|------------------|--|------|---|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------|--------------------------|----------------------------------------------------------------|--|
| <b>SUMMONS NUMBER: 37030026X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| <b>ENFORCEMENT AGENCY: NYC DEPT OF BUILDINGS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| AGENCY ADDRESS AND WEBSITE: 280 Broadway, New York, NY 10007 <a href="http://www.nyc.gov/buildings">http://www.nyc.gov/buildings</a>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| RESPONDENT: ROSELYN ENTERPRISE, LLC (First Name/Entity, Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| MAILING ADDRESS: 59-19 37TH AVE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                | DOB License/Registration #: _____                                                                |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| FLUSHING NY 11377-2522                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| CELL PHONE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| DATE OF OCCURRENCE: 10/1/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                | TIME OBSERVED: 10:00 am/pm                                                                       |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| PLACE OF OCCURRENCE: 59-15 37 AVENUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | BOROUGH: QUEENS                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| BLOCK: 1198 LOT 1 BIN: 4027374                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| You must appear or respond to the details of violation(s) below. For HOW TO RESPOND, see the back of this summons.                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| HEARING DATE: 01/07/25 AT: <input type="checkbox"/> 8:30 am <input checked="" type="checkbox"/> 10:30 am <input type="checkbox"/> 12:30 pm                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS: QUEENS [Borough] (See reverse side for address)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| Phone: (844)628-4692                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| CURE DATE (Zero Penalty Option, if available): N/A Must Appear: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| <input type="checkbox"/> 1-2 Family Property Details of Violation(s) (If disputing the charge)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| Type of Construction: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | No. of Stories: _____                                                                          | Vio. Type: CN Dist. 402 Code CM No. 498                                                          |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| Occupancy at Time of Inspection: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Complaint#: _____                                                                              | Related Job #: PSIDQ0003864                                                                      |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| (If applicable) (If applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| 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>B179</td><td>1</td><td>1 RCNY §103-16</td></tr></tbody></table>                                                                                                                                                                                                                                                                                                              | Violating Conditions Observed                                                                  | Infraction Code                                                                                  | Class            | Provision of Law |  | B179 | 1 | 1 RCNY §103-16 | <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 |  |
| Violating Conditions Observed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Infraction Code                                                                                | Class                                                                                            | Provision of Law |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | B179                                                                                           | 1                                                                                                | 1 RCNY §103-16   |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| 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                                 |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| <input type="checkbox"/> <b>ILLEGAL CONVERSION—CLASS 1</b> Per 28-202.1 & 1 RCNY 102-01 additional daily penalties for continued violation of Article 210 of Title 28 also applicable                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| <input type="checkbox"/> Per 28-202.1 & 1 RCNY 102-01, additional Class 1 daily or Class 2 monthly penalty may apply                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| <input type="checkbox"/> <b>Aggravated II Condition per 1 RCNY 102-01(f)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| Violation Detail(s): FAILURE TO SUBMIT THE REQUIRED PARKING STRUCTURE INITIAL OBSERVATION REPORT FOR AN EXISTING PARKING STRUCTURE DOCUMENTING THE CONDITIONS OF PSID#Q0003864 BY THE AUGUST 1, 2024 DEADLINE. TO DATE, THE DEPARTMENT HAS NOT RECEIVED AN INITIAL OBSERVATION REPORT FOR THE PARKING STRUCTURE. FAILURE TO SUBMIT THE INITIAL OBSERVATION PREVENTS THE DEPARTMENT FROM CONFIRMING WHETHER THIS PARKING STRUCTURE IS STRUCTURALLY SOUND.                                                                                            |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| Remedy: SUBMIT THE REQUIRED INITIAL OBSERVATION REPORT FOR THE PARKING STRUCTURE. COMPLY WITH CODE.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| 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. |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| 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.                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| 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.                                                                                                                                                                                              |                                                                                                |                                                                                                  |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |
| Issuing Officer: CLAUDIA MISI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Signature:  | Badge# 9CLX Unit Code: L9                                                                        |                  |                  |  |      |   |                |                                                                                                                                                                                                                                                                                        |                                                       |                               |                          |                                                                |  |

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ECB-PC (Rev. 8/21)