NYCServ Violation Copy

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0802393736

NYC Health

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0802393736

ENFORCEMENT AGENCY NAME: DEPT. OF HEALTH AND MENTAL HYGIENE
DIVISION: Environmental Health
BUREAU: Veterinary and Pest Control Services (Vector Surveillance and Control)
AGENCY ADDRESS AND PHONE NUMBER: 42-09 28th St, Long Island City, NY 11101 **Phone:** 718-289-1791

RESPONDENT: PRIME BROOKLYN HOMES LLC C/O MGMT
MAILING ADDRESS: 20 W 47th ST STE-401
NEW YORK, New York 10056

Case ID: PC7810757

DATE OF OCCURRENCE: 08/25/2022 **TIME OF OCCURRENCE:** 08:45 AM **BOROUGH:** Brooklyn
PLACE OF OCCURRENCE: 131 LINDEN STREET, Brooklyn, New York 11221 **Block:** 3323 **Lot:** 53

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: 10/12/2022 **AT: 08:30 AM**

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS:

☐ Manhattan	☐ Staten Island	☐ Bronx	☐ Queens	☑ Brooklyn
66 John St, 10th Fl New York, NY 10038	350 St.Mark's Pl, Main Fl, Staten Island, NY 10301	260 E.161st St, 6th Fl Bronx, NY 10451	31-00 47th Ave, 4th Fl Long Island City, NY 11101	9 Bond St, 7th Fl Brooklyn, NY 11201

INSTRUCTIONS FOR RESPONDING TO THIS SUMMONS ARE ON THE BACK OF THIS PAGE.
REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE.

WARNING: If you do not show up for your hearing (or pay the penalty by mail if permitted) the Summons will be decided against you and penalties will be imposed. Your license may also be suspended or revoked. In addition, the City may enter a judgment against you in court.

Details of Violation(s)

Violation Code	NYC Health Code	Violation Description	Minimum Penalty	Maximum Penalty
AH3W	NYC HC 151.02(a)	Active rat sign exists in that one structural rat burrow was observed in the pavement near shade at side left.	600.00	1200.00

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 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.

Rezwan Rahman/107		PHS I	815
Name/ID:	**Signature:**	**Rank/Title:**	**Agency Code:**

I acknowledge that I have received a copy of this Summons, a copy of the inspection report, instructions for responding and that I am authorized to accept service of this Summons.

Received by:_____ **Title:**_____ **Date:**_____

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