

NYCServ Violation Copy

Internet



0803162609



SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0803162609

ENFORCEMENT AGENCY NAME: DEPT. OF HEALTH AND MENTAL HYGIENE

DIVISION: Environmental Health

BUREAU: Veterinary and Pest Control Services

AGENCY ADDRESS AND PHONE NUMBER: 42-09 28th St, Long Island City, NY 11101 Phone: 718 289-1791

RESPONDENT: ANSHEL BIALYSTOCK

Case ID: PC8346940

MAILING ADDRESS: 7-11 WILLETT ST.

NEW YORK, New York 10002-4015

DATE OF OCCURRENCE: 08/20/2024

TIME OF OCCURRENCE: 10:14 AM

BOROUGH: Manhattan

PLACE OF OCCURRENCE: 10 PITT STREET, Manhattan, New York 10002

Block: 336 Lot: 35

You must respond to the Summons. See the reverse side for how to respond.

HEARING DATE: 10/7/2024

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 attend 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
AH3P	NYC HC 151.02(a)	Harborage conditions that encourage the nesting of rats exists in that dense vegetation, plastic buckets and old equipment were observed along the inner perimeter of the lot.	300.00	600.00

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.

Farah Charles-pierre/0252

Associate Public Health Sanitarian

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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