

NYCServ Violation Copy

Internet



0803253826



SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0803253826

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: ABDO SALEH AHMED

Case ID: PC8329947

MAILING ADDRESS: 502 PROSPECT PL.

BROOKLYN, New York 11238

DATE OF OCCURRENCE: 11/04/2024 TIME OF OCCURRENCE: 01:55 PM BOROUGH: Brooklyn
PLACE OF OCCURRENCE: 502 PROSPECT PLACE, Brooklyn, New York 11238 Block: 1162 Lot: 52

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

HEARING DATE: 12/11/2024

AT: 08:30 AM

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS:

☐ Manhattan

66 John St, 10th Fl
New York, NY
10038

☐ Staten Island

350 St.Mark's Pl,
Main Fl, Staten
Island, NY 10301

☐ Bronx

260 E.161st St, 6th Fl
Bronx, NY 10451

☐ Queens

31-00 47th Ave,
4th Fl Long Island
City, NY 11101

☒ Brooklyn

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, one structural hole was observed at the base of the building foundation wall near the cellar door at front left.	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.

Loretta Valentine/201

PHS

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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