NYCServ Violation Copy

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0803484606

NYC Health

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0803484606

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:** 646-364-1737

RESPONDENT: FERNANDEZ ANDREW
MAILING ADDRESS: 3723 E. TREMONT AVENUE 1
BRONX, New York 10465

Case ID: PC8483337

DATE OF OCCURRENCE: 05/13/2025 **TIME OF OCCURRENCE:** 08:26 AM **BOROUGH:** Bronx
PLACE OF OCCURRENCE: 3077 HULL AVENUE, Bronx, New York 10467 **Block:** 3333 **Lot:** 42

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

HEARING DATE: 6/17/2025 **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
AH3K	NYC HC 3.05(a)	Property owner or managing agent failed to comply with Health Commissioner Order to submit a Pest Management Plan and an Affidavit of Correction for Pest Infestation by 05/12/2025 per Case ID 8483337.	1000.00	2000.00

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.

Sarah Webster/0000000	Sarah Webster	Community Coordinator	814
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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