

**FDNY SUMMONS • FOR CIVIL PENALTIES ONLY****SUMMONS NUMBER:** 012075744M**ENFORCEMENT AGENCY NAME:** NEW YORK CITY FIRE DEPARTMENT**DIVISION:** FP Unit: Admin CO: 10-35**AGENCY ADDRESS AND PHONE NUMBER:** 9 MetroTech Center, 1st Flr, Bklyn, NY 11201-3657, (718) 999-2392

RESPONDENT: 721 BORROWER LLC
MAILING ADDRESS: 721 7 AVE
MANHATTAN, NY 10019
CELL PHONE:

DBA:
ACCOUNT NUMBER:
UNIT PHONE NUMBER: (718) 999-0749

DATE OF OCCURRENCE: 02/21/2018
PLACE OF OCCURRENCE: 721 7 AVE
MANHATTAN, NY 10019

TIME OF INSPECTION: 04:26 PM

You must respond to this Summons. You can appear at the hearing date and location below or choose another option. For other options on how to respond, see the important information page.

HEARING DATE: 07/11/2018 AT: 08:30 AM**HEARING LOCATION:** OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

66 John Street, 10th Floor, MANHATTAN

Phone: (844) 628-4692

REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE.

WARNING: If you do not respond to this summons, the City will decide the Summons against you and penalties will be imposed. 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.

ORDER TO CORRECT AND CERTIFY CORRECTION: PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. **See the important information page for further instructions.**

COMPLIANCE DATE: 06/19/2018**Details of Violation(s)**

Upon investigation, the New York City Fire Department has determined that the respondent is in violation of the following requirements of the New York City Administrative Code and/or rules of the City of New York. These requirements have been grouped into violation categories (VC) for enforcement purposes. This grouping is allowed by Fire Department rule 3 RCNY § 109-02

VC 12 Fire Protection Systems – Failed to provide and/or maintain required fire protection system and/or prevent unnecessary/unwarranted alarms.

Date	Time	Type Of Violation
02/21/2018	04:26 PM	Alarm System Unwarranted Alarm

REPEAT VIOLATION(s) of SUMMONS#(s): 012071630X. (Respondent must appear at the hearing.)

Description of violation: Failure to prevent unnecessary and/or unwarranted alarm(s) in violation of 3 RCNY 907-01.

Remedy: Maintain/repair Fire Alarm System in accordance with FC 901.6 and/or correct/repair condition that caused unnecessary and/or unwarranted alarm(s). Submit documentation detailing cause of alarm(s) and corrective measures taken.

Maximum penalty for each First Offense: \$1,000.

Maximum penalty for each Repeat Violation: \$5,000.

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

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.

Signature:**Print Name/ID:**

EDWARD MASTERSON / 1624548

Title:

012075744M

**AFFIDAVIT (CERTIFICATE*) OF SERVICE**

STATE OF NEW YORK)
) SS.:
 COUNTY OF New York)

The undersigned being duly sworn*, deposes and says, that s/he is not a party to the action and is over eighteen (18) years of age, that on 05/15/2018, at 09:00 AM at [address:] 721 7 AVE, 10019 s/he served the attached Summons and Hearing on the Respondent named herein, as follows:

1. Individual Respondent

☐ by delivering a true copy to [insert name:] _____, who is the respondent.

2. Partnership Respondent

☐ by delivering a true copy to [insert name:] _____, who is the [insert position:] _____ of said respondent.

3. Corporate Respondent

☐ by delivering a true copy to [insert name:] _____, who is the [insert position:] _____ of said respondent.

4. Affixing of Summons and Hearing

A. I attempted to personally serve the attached Summons and Hearing on the respondent named herein but was unable to do so because, having entered the premise and having identified myself, I was:

1. ☐ advised by [insert name:] _____ that the respondent was not present;
2. ☐ advised by [insert name / relationship to building:] _____ that an appropriate representative of the partnership respondent or corporate respondent was not present;
3. ☐ unable to locate anyone within the premises to inform me whether an appropriate representative of the respondent was present. No one responded to any bells, knocks or calls and there were no signs visibly posted reflecting any contact information;
4. ☒ advised by [insert name / relationship to building:] self that no officer, director, managing agent, agent, or partner of respondent partnership/corporation was present.

B. ☒ Thereupon, I affixed the Summons and Hearing at the foregoing location in the following place: _____

[The following is to be completed if a person was served with the Summons and Hearing.]

Description of Individual. Deponent describes the individual served as follows:

<input type="checkbox"/> Male	<input type="checkbox"/> Fair Complexion	<input type="checkbox"/> Black Hair	<input type="checkbox"/> 14-20 yrs	<input type="checkbox"/> Under 5'	<input type="checkbox"/> Under 100 lbs.
<input type="checkbox"/> Female	<input type="checkbox"/> Medium Complexion	<input type="checkbox"/> Brown Hair	<input type="checkbox"/> 21-35 yrs	<input type="checkbox"/> 5'0" - 5'3"	<input type="checkbox"/> 100 - 130 lbs.
	<input type="checkbox"/> Dark Complexion	<input type="checkbox"/> Blond Hair	<input type="checkbox"/> 36-50 yrs	<input type="checkbox"/> 5'4" - 5'8"	<input type="checkbox"/> 131 - 160 lbs.
		<input type="checkbox"/> Gray Hair	<input type="checkbox"/> 51-65 yrs	<input type="checkbox"/> 5'9" - 6'0"	<input type="checkbox"/> 161 - 200 lbs.
		<input type="checkbox"/> White Hair	<input type="checkbox"/> Over 65 yrs	<input type="checkbox"/> Over 6'	<input type="checkbox"/> Over 200 lbs.
		<input type="checkbox"/> Balding			
		<input type="checkbox"/> Bald			

Other identifying characteristics: _____

Signature: Date: 05/15/2018

Printed Name: EDWARD MASTERSON

Inspector's Identification Number: 1624548

*If not sworn, this statement shall constitute a certificate of service.

ENFORCEMENT AGENCY NAME: NEW YORK CITY FIRE DEPARTMENT

DIVISION: FP Unit: 93

Admin CO 604

AGENCY ADDRESS AND PHONE NUMBER: 9 MetroTech Center, 1st Flr, Bklyn, NY 11201-3657, (718) 999-2392

RESPONDENT: 721 Borrower LLC
 MAILING ADDRESS: 1430 Broadway Apn 1505
N.Y. N.Y. 10018
 CELL PHONE: _____

DBA: _____
 ACCOUNT NUMBER: 70022108
 UNIT PHONE NUMBER: 718-999-2503

DATE OF OCCURRENCE: 04/16/19
 PLACE OF OCCURRENCE: 721 Ave N.Y. N.Y. 10019

TIME OF INSPECTION: 12:00 AM PM
 BOROUGH: Manhattan

You must respond to this Summons. You can appear at the hearing date and location below or choose another option. For other options on how to respond, see the back of this page.

HEARING DATE: 05/29/19 AT: 8:30 AM PM

HEARING LOCATION: OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Manhattan [Borough] (See reverse side for address)

Phone: (844) 628-4692

REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE.

WARNING: If you do not respond to this summons, the City will decide the Summons against you and penalties will be imposed. 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.

ORDER TO CORRECT AND CERTIFY CORRECTION: PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. See back of summons for further instructions.

Details of Violation(s)

COMPLIANCE DATE: 05/15/19

Upon investigation, the New York City Fire Department has determined that the respondent is in violation of the following requirements of the New York City Administrative Code and/or the rules of the City of New York. These requirements have been grouped into violation categories (VC) for enforcement purposes. This grouping is allowed by Fire Department rule 3 RCNY §109-02

- ☐ **VC1 Portable Fire extinguishers and Fire Hoses:**
Failed to provide and/or maintain required (portable fire extinguishers/fire hoses/other) at _____
- ☐ **VC2 Combustible Waste Containers:**
Failed to provide required container(s) for combustible waste and/or store combustible waste in a container at _____
- ☐ **VC3 Permits:**
Failed to (obtain/renew/possess) a permit for _____
- ☐ **VC4 Unlawful Quantity or Location of Regulated Material:**
(Manufacture/Storage/Handle/Use) _____ of _____ in violation of permit/quantity/location restrictions.
- ☐ **VC5 Recordkeeping:**
Failed to (maintain/produce) records for _____ at _____
- ☐ **VC6 Signs, Posting, Notices and Instructions:**
Failed to provide and/or maintain required (signs) (postings) (notices) (instructions) for _____ at _____
- ☒ **VC7 Labels and Markings:**
Failed to provide and/or maintain required label, or the other marking for control at valves SPRINKLER
- ☐ **VC8 Storage, Accumulation and Removal of Combustible Material and Waste:**
Failed to remove combustible waste and/or allowed the storage/accumulation of combustible material, waste and/or vegetation at _____
- ☐ **VC9 Rooftop Access and Means of Egress:**
Failed to provide access/egress free from obstructions or impediments, and/or failed to maintain required egress at _____
- ☐ **VC10 Overcrowding:**
Failed to limit number of persons in _____ to _____
- ☐ **VC11 General Maintenance:**
Failed to maintain _____ in (good working order/clean condition) or in compliance with (general maintenance/housekeeping) requirements.
- ☒ **VC12 Fire Protection Systems:**
Failed to provide and/or maintain required SPRINKLER at _____ and/or prevent unnecessary/unwarranted alarms.
- ☐ **VC13 Flame-Resistant Materials:**
Failed to provide and/or maintain required flame-resistant materials _____ at _____
- ☐ **VC14 Fire-Rated Doors and Windows:**
Failed to (provide/protect/maintain) required (fire-rated/self-closing/access) door or window at _____
- ☐ **VC15 Fire-Rated Construction:**
Failed to provide and/or maintain required fire-rated construction of _____ at _____
- ☐ **VC16 Ventilation:**
Failed to provide and/or maintain required ventilation _____ at _____ for _____
- ☐ **VC17 Certificates of Fitness and Certificates of Qualification:**
Failed to obtain and/or produce required (Certificate of Fitness/Certificate of Qualification for _____

- ☐ **VC18 Certificates of Approval, Certificates of License and Company Certificates:**
Failed to obtain and/or produce required Certificate of Approval for _____ Certificate of License, or Company Certificate for _____
- ☐ **VC19 Affidavits, Design and Installation Documents and Other Documentation:**
Failed to (prepare/produce/submit) required documentation: _____
- ☐ **VC20 Inspection and Testing:**
Failed to conduct required (initial/periodic) inspection or test of _____ at _____
- ☐ **VC21 Portable Containers:**
Failed to (provide/use) required container for _____ at _____
- ☐ **VC22 Stationary Tanks:**
Failed to provide required stationary tank storage system for _____ at _____
- ☐ **VC23 Storage Facilities:**
Failed to provide required storage (cabinets/enclosures/rooms/vaults) at _____
- ☐ **VC24 Storage of Hazardous Materials/Commodities:**
Failed to provide required racks and/or shelf storage, and/or failed to store _____ at _____
- ☐ **VC25 Electrical Hazards:**
Failed to provide and/or maintain required electrical devices/equipment and/or allowed electrical hazards to exist at _____
- ☐ **VC26 Heating and Refrigeration Equipment and Systems:**
Failed to provide and/or maintain required (heating/refrigerating) system for _____ at _____
- ☒ **VC27 Electrical Lighting Hazards:**
Failed to provide, protect and/or maintain required lighting devices or equipment at Exit Light throughout
- ☐ **VC28 Open Fires, Open Flames and Sparks:**
Unlawfully (lit/maintained/operated/used/failed to protect) (open fire open flame/sparking device) at _____
- ☐ **VC29 Designated Handling and Use Rooms Areas:**
Failed to provide required (room/area) for (handling/use) of _____
- ☐ **VC30 Emergency Planning and Preparedness:**
Failed to comply with emergency planning and preparedness requirements
- Repeat Violation (§15-229)**
☐ Repeat violation of VC(s) _____ as previously cited on Summons# _____ (Respondent must appear at hearing)
- False Certification (§15-220.1)**
☐ Willfully falsified Certificate of Correction for Summons# _____ (Respondent must appear at hearing.)
- Failed to Comply with Commissioner's Order to Correct and Certify (§15-231)**
☐ On previously cited Summons# _____ (Respondent must appear at hearing)
- ☐ **Other Fire Code/Rule Violations:** _____

Description of Violation: VC-7, VC-12, VC-27. SEE Supplement Attached for additional information.

☒ Supplement Attached

Maximum penalty for each First Offense: \$1,000.

Maximum penalty for each Repeat Violation: \$5,000.

STATE OF NEW YORK

COUNTY OF

NEW YORK

The undersigned being duly sworn*, deposes and says, that s/he is not a party to the action and is over eighteen (18) years of age, that on April 10, 2019, at 12:00 p.m./a.m. at [address:] 721 Ave M M 10079

s/he served the attached Summons on the Respondent named herein, as follows:

1. Individual Respondent

☐ by delivering a true copy to [insert name:] _____, who is the respondent.

2. Partnership Respondent

☐ by delivering a true copy to [insert name:] _____, who informed me that s/he is the [insert position:] _____ of said respondent.

3. Corporate Respondent

☐ by delivering a true copy to [insert name:] _____, who informed me that s/he is the [insert position:] _____ of said respondent.

4. Affixing of Summons and Hearing

A. I attempted to personally serve the attached Summons on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☐ advised by [insert name:] _____ that the respondent was not present;
2. ☐ advised by [insert name / relationship to building:] _____ that an appropriate representative of the partnership respondent or corporate respondent was not present;
3. ☐ unable to locate anyone within the premises to inform me whether an appropriate representative of the respondent was present. No one responded to any bells, knocks or calls and there were no signs visibly posted reflecting any contact information;

4. ☒ advised by [insert name / relationship to building:] Jim Quinn (owner) that no officer, director, managing agent, agent, or partner of respondent partnership/corporation was present.

B. ☒ Thereupon, I affixed the Summons at the foregoing location in the following place: Front Door

[The following is to be completed if a person was served with the Summons.]

Description of Individual. Deponent describes the individual served as follows:

<input type="checkbox"/> Male	<input type="checkbox"/> Fair Complexion	<input type="checkbox"/> Black Hair	<input type="checkbox"/> 14-20 yrs	<input type="checkbox"/> Under 5'	<input type="checkbox"/> Under 100 lbs.
<input type="checkbox"/> Female	<input type="checkbox"/> Medium Complexion	<input type="checkbox"/> Brown Hair	<input type="checkbox"/> 21-35 yrs	<input type="checkbox"/> 5'0" - 5'3"	<input type="checkbox"/> 100-130 lbs.
	<input type="checkbox"/> Dark Complexion	<input type="checkbox"/> Blond Hair	<input type="checkbox"/> 36-50 yrs	<input type="checkbox"/> 5'4" - 5'8"	<input type="checkbox"/> 131-160 lbs.
		<input type="checkbox"/> Gray Hair	<input type="checkbox"/> 51-65 yrs	<input type="checkbox"/> 5'9" - 6'0"	<input type="checkbox"/> 161-200 lbs.
		<input type="checkbox"/> White Hair	<input type="checkbox"/> Over 65 yrs	<input type="checkbox"/> Over 6'	<input type="checkbox"/> Over 200 lbs.
		<input type="checkbox"/> Red Hair			
		<input type="checkbox"/> Bald			

Other identifying characteristics: _____

Signature: Ali M. M.

Date: 8/4/19

Printed Name: B/M McKeef

Inspector's Identification Number: 1662257

FP Unit 113 Admin CO. 110104

FIRE DEPARTMENT CITY OF NEW YORK	FDNY SUMMONS	SUMMONS NO. <u>1116719119164</u>
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SUPPLEMENTAL INFORMATION FORM

- Instructions:**
1. Be sure to fill in the Summons Number at the top of this form and complete all of the information at the bottom of the form.
 2. Indicate in the Description of Violation section of the FDNY SUMMONS that a "Supplemental Information Form" is attached.
 3. The original (white) copy of this form shall be attached to the FDNY SUMMONS, and the other copies distributed as indicated below.

Violation Category	Supplemental Information
UC-7	Paint exposed piping for the stand alone sprinkler system risers and cross connections "RED". Location 8th & 9th FL
UC-7	Paint all control valves handles serving the SPRINKLER system "GREEN". Location under TANK
UC-12	Repair / Replace defective coated and painted SPRINKLER Heads. Location, Basement & 8th FL.
UC-12	Remove all obstruction, and wiring on the SPRINKLER cross connection and branch lines. Location 8th & 9th FL.
UC-27	Repair / Replace all defective Exit / Emergency lighting. Location throughout.

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.

Identification Number

11663R1511

SIGNATURE

Elmi Mehmeti

PRINT NAME

Elmi Mehmeti

DATE

04/10/19

TIME

12:00

AM/PM

(P)