



NOTICE OF VIOLATION AND HEARING

AGGRAVATED I

COMMISSIONER OF THE DEPARTMENT OF BUILDINGS
OF THE CITY OF NEW YORK, PETITIONER, AGAINSTViolation No. 35050867X
ENVIRONMENTAL CONTROL BOARD

Respondent	First name (or entity name) TONY	Last name JACOUES		
Mailing address (Check if same address as place of occurrence)	Number and street	City	State	Zip code
Additional mailing to be sent (agent, care of, other):		License No. (if Applicable)	Construction Activity	
Name	First name	Last name	Company	
Mailing address	Number and street	City	State	Zip code

Commissioner's Order To Correct Violations

Place of occurrence 348 EAST 31 STREET	Boro BKLN	Date of violation 02/02/13	Type C	Dist. STF	Code LC	No. 09
Construction type 311269	No. of stories 2	Block 4947	Lot 26	Occupancy at time of inspection RESIDENTIAL	Basis of violation Haz - Reinsp.	

Based on an inspection of the premises and/or records of the Department, the undersigned has determined that you are in violation of the section of law cited below, of Title 27 or Title 28 of the NYC Administrative Code, the NYC Construction Codes, the NYC Electrical Code, the NYC Zoning Resolution, the Reference Standards and/or Titles 1 or 2 of the Rules of the City of New York.

Violating Conditions Observed		Stop Work Order <input type="checkbox"/> Full <input type="checkbox"/> Partial	Class 1 <input checked="" type="checkbox"/>	Class 2 <input type="checkbox"/>	Class 3 <input type="checkbox"/>	Recurring Condition <input type="checkbox"/>
Infraction Code B187	Provision of Law 28-201.1	Failure to comply with the commissioner's order contained in Notice of Violation # 35000410K issued on 10/12/2012 FOR WORK WITHOUT A PERMIT - ERECTED PARTITION WALLS AND INSTALLED GAS/PURGING LINES AT THE 1ST FLOOR LEVEL. NO RECORD OF CORRECTION IN THE BUILDING DEPARTMENT.				
Remedy: Comply with the commissioner's order.						
<input type="checkbox"/> ILLEGAL CONVERSION - CLASS 1. Per 28-202.1 & 1RCNY 102-01, additional daily penalties for continued violation of 28-210.1 also applicable.						
<input type="checkbox"/> Per 28-202.1 & 1RCNY 102-01, additional "Class 1" daily or "Class 2" monthly penalty also applicable. <input type="checkbox"/> Aggravated II Condition per 1RCNY 102-01(f)						
The Commissioner orders that you timely correct these conditions and file a certificate of such correction. Uncorrected violations are subject to additional violations and penalties. IMPORTANT: See 'Certifying Correction' on reverse.						

Important Information: As detailed in §28-201.4 and Section 102-01 of Subchapter B of Title 1 of the Rules of the City of New York, violations may be subject to aggravated penalties of the first order, which shall be imposed in accordance with the ECB Buildings Penalty Schedule.

Resolution options	
CURE DATE 1/17	HEARING DATE 03/25/13 at <input checked="" type="checkbox"/> 8:30 AM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 1:30 PM
<p>If a date appears in the box above, you may have the option to admit the violation and certify correction by the "cure date." By doing so, you avoid a hearing before the Environmental Control Board and any penalties which would be assessed at the hearing. Note: Depending on the violation, additional DOB civil penalties (separate from ECB penalties) may apply before a cure can be granted. For more information regarding "cures", see reverse side of the respondent copy of this Notice of Violation.</p>	
<p>The hearing date above is mandatory if you are either charged with a Class 1 violation, or the violation is marked as an Aggravated II condition, or if no "cure date" is given on this Notice of Violation. Also, the above hearing date is mandatory for all other types of charges if a certificate of correction (for a cure) is not received by the date indicated to the left, or is not approved by the Department, or if you are offered but have not timely accepted a pre-hearing stipulation or admit the violation. Refer to the DOB ECB Penalty Schedule at www.nyc.gov/buildings or check the status on BIS query on this website. YOU MUST ATTEND THE HEARING IF YOU WISH TO CONTEST THE VIOLATION.</p>	
<p>Environmental Control Board hearing locations:</p> <ul style="list-style-type: none"><input type="checkbox"/> Queens, (718) 296-7300 - 144-06 84th Avenue, 1st fl.<input type="checkbox"/> Manhattan, (212) 361-1400 - 66 John Street, 10th fl.<input type="checkbox"/> Brooklyn, (718) 923-6100 - 9 Bond Street, 7th fl.<input type="checkbox"/> Bronx, (718) 993-6110 - 3030 3rd Ave., 2nd fl.<input type="checkbox"/> Staten Island, (718) 615-8385 - 350 St. Marks Place, 1st fl. <p>Proceedings will be held under the authority of the NYC Charter section 1049-a and the rules promulgated thereunder. This hearing is your opportunity to answer and defend against the allegations set forth above. Failure to appear, unless you admit the violation or an appearance is not required through availability of a Cure or Stipulation (see reverse) will result in a default and imposition of maximum penalties.</p>	

For more information. To reschedule your hearing or inquire about the case status, call the Environmental Control Board at the numbers listed above. For information on certifying correction of this violation, read instructions on the Certificate of Correction form, call Department of Buildings at 311, or visit the ECB Violation section at www.nyc.gov/buildings.

Issuing officer's last name, first initial (print)

CHUNG R
123117 **SIP**
Badge number Unit Code

I personally observed the violation(s) charged and/or verified their existence through review of departmental records.

Issuing officer's signature
This statement is affirmed under penalty of perjury.

35050867X

ECB-PC-POP2 (Rev. 2/12)

ORIGINAL - ECB COPY

Affidavit / Affirmation of Service

STATE OF NEW YORK, COUNTY OF BKLYN

The undersigned affirms, or, being duly sworn, deposes and says: That I am over 18 years of age, and not a party to this proceeding, and that on the 2ND day of FGS, 2013 at 1:55 a.m. (circle one) at 348 EAST 31 ST BKLYN N.Y (full address)

I served the within Notice of Violation and Hearing on the respondent named therein:

Note: You must complete either section A or B or C. Section D must also be completed if service was effected through A1, A2, or B1.

A. INDIVIDUAL OR PARTNERSHIP

1. ☐ Individual or Partnership - Personal Service, by delivering and leaving a true copy with _____ respondent personally.
2. ☐ Individual or Partnership - Substituted Service, by delivering a true copy to _____ a person of suitable age and discretion at respondent's actual place of business, dwelling or usual place of abode within the state.
☐ Required Mailing (Use with 2). On _____ I enclosed a copy of same in a first class post paid envelope properly addressed to respondent's last known residence or actual place of business and deposited said envelope in an official depository under the exclusive care and custody of the U.S. Postal Service. The envelope bore the legend "personal & confidential" and did not indicate on the outside thereof, by return address or other wise that the communication was from an attorney or concerned an action against the respondent.

B. CORPORATION

1. ☐ Corporation/LLC, by delivering and leaving a true copy with _____ an officer, director, managing agent, or general agent (circle one) of said respondent corporation, or any member of the LLC or person designated to receive service of process.
2. ☐ Secretary of State Service, by delivering to and leaving two copies with _____ in the Office of the Secretary of State of the State of New York, personally at the Office of the Secretary of State of the State of New York. Said service was made pursuant to article three of the Business Corporation Law. Deponent further says that s/he knew the person so served as aforesaid to be employed in the Office of the Secretary of State of the State of New York, duly authorized to accept such service on behalf of said respondent.

C. ALTERNATE METHOD/CHARTER SERVICE (Posting at place of occurrence)

- ☒ Alternate method of service pursuant to New York City Charter §1049-a(d)(2) [Affix and Mail Service]. I made the following reasonable but unsuccessful attempt to effectuate service upon respondent or upon any other person whom service may be made as follows: NO RESPONSE. IMPROVED & RANG BELL

A true copy of the notice of violation was posted at the following conspicuous place on the premises where the violation occurred: VIOLATION POSTED IN FRONT DOOR.

Additional Information:

D. DESCRIPTION OF INDIVIDUAL SERVED (Complete for A1, A2, or B1)

Deponent further states that s/he describes the person actually served as follows:

GENDER	SKIN COLOR	HAIR COLOR	OTHER	AGE	HEIGHT	WEIGHT
<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Balding	<input type="checkbox"/> 14-20 yrs.	<input type="checkbox"/> under 5'	<input type="checkbox"/> under 100 lbs.
<input type="checkbox"/> Female	<input type="checkbox"/> Brown	<input type="checkbox"/> Blond	<input type="checkbox"/> Mustache	<input type="checkbox"/> 21-35 yrs.	<input type="checkbox"/> 5'0"-5'3"	<input type="checkbox"/> 101-130 lbs.
	<input type="checkbox"/> White	<input type="checkbox"/> Brown	<input type="checkbox"/> Beard	<input type="checkbox"/> 36-50 yrs.	<input type="checkbox"/> 5'4"-5'8"	<input type="checkbox"/> 131-160 lbs.
		<input type="checkbox"/> Gray	<input type="checkbox"/> Glasses	<input type="checkbox"/> 51-65 yrs.	<input type="checkbox"/> 5'9"-6'0"	<input type="checkbox"/> 161-200 lbs.
		<input type="checkbox"/> Red		<input type="checkbox"/> Over 65 yrs.	<input type="checkbox"/> Over 6'0"	<input type="checkbox"/> Over 200 lbs.
		<input type="checkbox"/> White				

Other identifying characteristics

Served by: Signature <u>[Signature]</u> Print full name <u>RICKEY CHANG</u> <input checked="" type="checkbox"/> Issuing officer, City of New York This service statement is affirmed under penalty of perjury.	For process server SWORN TO BEFORE ME ON: _____ day of _____ Notary signature <u>[Signature]</u>
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Supervisor's Signature [Signature]
(FOR OFFICE USE ONLY)



NOTICE OF VIOLATION AND HEARING

COMMISSIONER OF THE DEPARTMENT OF BUILDINGS
OF THE CITY OF NEW YORK, PETITIONER, AGAINSTViolation No. 35000411M
ENVIRONMENTAL CONTROL BOARD

Respondent	First name (or entity name) <u>101V7</u>	Last name <u>Jacques</u>
<input checked="" type="checkbox"/> Mailing address (Check if same address as place of occurrence)	Number and street	City
		State
		Zip code
Additional mailing to be sent (agent, care of, other):		License No. (if Applicable)
Name	First name	Last name
		Company
Mailing address	Number and street	City
		State
		Zip code

Commissioner's Order To Correct Violations

Place of occurrence <u>348 E 31st</u>	Boro <u>bk</u>	Date of violation <u>10/12/12</u>	Type <u>ER</u>	Dist. <u>17</u>	Code <u>RM</u>	No. <u>02</u>
Construction type <u>III</u>	BIN <u>3111269</u>	No. of stories <u>2</u>	Block <u>4947</u>	Lot <u>26</u>	Occupancy at time of inspection <u>Dwelling</u>	Basis of violation <u>342.6.3.5.3</u>

Based on an inspection of the premises and/or records of the Department, the undersigned has determined that you are in violation of the section of law cited below, of Title 27 or Title 28 of the NYC Administrative Code, the NYC Construction Codes, the NYC Electrical Code, the NYC Zoning Resolution, the Reference Standards and/or Titles 1 or 2 of the Rules of the City of New York.

Violating Conditions Observed		Stop Work Order <input type="checkbox"/> Full <input type="checkbox"/> Partial	Class 1 <input type="checkbox"/>	Class 2 <input checked="" type="checkbox"/>	Class 3 <input type="checkbox"/>	Recurring Condition <input type="checkbox"/>
Infraction Code <u>B200</u>	Provision of Law <u>24-216.1</u>	<u>Residence altered for occupancy as a dwelling for more than the legally approved number of families: Dept of building records indicate premises to be a 2 family. Dept on 1st floor, on 2nd floor. Now at 1st floor subdivided in half creating a 3 family dwelling. Front apt has full kitchen. 3 per bedroom.</u>				
Remedy: <u>Restore to original condition</u>						
<input type="checkbox"/> ILLEGAL CONVERSION - CLASS 1. Per 28-202.1 & 1RCNY 102-01, additional daily penalties for continued violation of 28-210.1 also applicable.						
<input checked="" type="checkbox"/> Per 28-202.1 & 1RCNY 102-01, additional "Class 1" daily or "Class 2" monthly penalty also applicable.						
<input type="checkbox"/> Aggravated II Condition per 1RCNY 102-01(f)						
The Commissioner orders that you timely correct these conditions and file a certificate of such correction. Uncorrected violations are subject to additional violations and penalties. IMPORTANT: See 'Certifying Correction' on reverse.						

Important Information: As detailed in §28-201.4 and Section 102-01 of Subchapter B of Title 1 of the Rules of the City of New York, violations may be subject to aggravated penalties of the first order, which shall be imposed in accordance with the ECB Buildings Penalty Schedule.

Resolution options

CURE DATE <u>11/1/12</u>	HEARING DATE <u>11/26/12</u> at <input checked="" type="checkbox"/> 8:30 AM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 1:30 PM
If a date appears in the box above, you may have the option to admit the violation and certify correction by the "cure date." By doing so, you avoid a hearing before the Environmental Control Board and any penalties which would be assessed at the hearing. Note: Depending on the violation, additional DOB civil penalties (separate from ECB penalties) may apply before a cure can be granted. For more information regarding "cures", see reverse side of the respondent copy of this Notice of Violation.	
The hearing date above is mandatory if you are either charged with a Class 1 violation, or the violation is marked as an Aggravated II condition, or if no "cure date" is given on this Notice of Violation. Also, the above hearing date is mandatory for all other types of charges if a certificate of correction (for a cure) is not received by the date indicated to the left, or is not approved by the Department, or if you are offered but have not timely accepted a pre-hearing stipulation or admit the violation. Refer to the DOB ECB Penalty Schedule at www.nyc.gov/buildings or check the status on BIS query on this website. YOU MUST ATTEND THE HEARING IF YOU WISH TO CONTEST THE VIOLATION.	
Environmental Control Board hearing locations: <input type="checkbox"/> Queens, (718) 298-7300 - 144-06 94th Avenue, 1st fl. <input type="checkbox"/> Manhattan, (212) 361-1400 - 66 John Street, 10th fl. <input checked="" type="checkbox"/> Brooklyn, (718) 823-6100 - 9 Bond Street, 7th fl. <input type="checkbox"/> Bronx, (718) 993-6110 - 3030 3rd Ave., 2nd fl. <input type="checkbox"/> Staten Island, (718) 815-8385 - 350 St. Marks Place, 1st fl. Proceedings will be held under the authority of the NYC Charter section 1049-a and the rules promulgated thereunder. This hearing is your opportunity to answer and defend against the allegations set forth above. Failure to appear, unless you admit the violation or an appearance is not required through availability of a Cure or Stipulation (see reverse) will result in a default and imposition of maximum penalties.	

For more information. To reschedule your hearing or inquire about the case status, call the Environmental Control Board at the numbers listed above. For information on certifying correction of this violation, read instructions on the Certificate of Correction form, call Department of Buildings at 311, or visit the ECB Violation section at www.nyc.gov/buildings.

Issuing officer's last name, first initial (print)

McCoy02000

Badge number

Unit Code

I personally observed the violation(s) charged and/or verified their existence through review of departmental records.

Issuing officer's signature

This statement is affirmed under penalty of perjury.

35000411M

ECB-PC (Rev. 2/12)

ORIGINAL - ECB COPY

Affidavit / Affirmation of Service

STATE OF NEW YORK, COUNTY OF KING ss:

The undersigned affirms, or, being duly sworn, deposes and says: That I am over 18 years of age, and not a party to this proceeding, and that on the 12 day of October, 2012 at 4:20 p.m. (circle one) at 348 E 31st St, Brooklyn, NY (full address)

I served the within Notice of Violation and Hearing on the respondent named therein:

Note: You must complete either section A or B or C. Section D must also be completed if service was effected through A1, A2, or B1.

A. INDIVIDUAL OR PARTNERSHIP

1. ☐ Individual or Partnership - Personal Service, by delivering and leaving a true copy with _____ respondent personally.
2. ☐ Individual or Partnership - Substituted Service, by delivering a true copy to _____ a person of suitable age and discretion at respondent's actual place of business, dwelling or usual place of abode within the state.
☐ Required Mailing (Use with 2). On _____ I enclosed a copy of same in a first class post paid envelope properly addressed to respondent's last known residence or actual place of business and deposited said envelope in an official depository under the exclusive care and custody of the U.S. Postal Service. The envelope bore the legend "personal & confidential" and did not indicate on the outside thereof, by return address or other wise that the communication was from an attorney or concerned an action against the respondent.

B. CORPORATION

1. ☐ Corporation/LLC, by delivering and leaving a true copy with _____ an officer, director, managing agent, or general agent (circle one) of said respondent corporation, or any member of the LLC or person designated to receive service of process.
2. ☐ Secretary of State Service, by delivering to and leaving two copies with _____ in the Office of the Secretary of State of the State of New York, personally at the Office of the Secretary of State of the State of New York. Said service was made pursuant to article three of the Business Corporation Law. Deponent further says that s/he knew the person so served as aforesaid to be employed in the Office of the Secretary of State of the State of New York, duly authorized to accept such service on behalf of said respondent.

C. ALTERNATE METHOD/CHARTER SERVICE (Posting at place of occurrence)

- ☒ Alternate method of service pursuant to New York City Charter §1049-a(d)(2) [Affix and Mail Service]. I made the following reasonable but unsuccessful attempt to effectuate service upon respondent or upon any other person whom service may be made as follows:

Owner Not Present I waited
Small Access I waited until

A true copy of the notice of violation was posted at the following conspicuous place on the premises where the violation occurred: 348 E 31st St, Brooklyn, NY

Additional Information:

D. DESCRIPTION OF INDIVIDUAL SERVED (Complete for A1, A2, or B1)

Deponent further states that s/he describes the person actually served as follows:

GENDER	SKIN COLOR	HAIR COLOR	OTHER	AGE	HEIGHT	WEIGHT
<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Balding	<input type="checkbox"/> 14-20 yrs.	<input type="checkbox"/> under 5'	<input type="checkbox"/> under 100 lbs.
<input type="checkbox"/> Female	<input type="checkbox"/> Brown	<input type="checkbox"/> Blond	<input type="checkbox"/> Mustache	<input type="checkbox"/> 21-35 yrs.	<input type="checkbox"/> 5'0"-5'3"	<input type="checkbox"/> 101-130 lbs.
	<input type="checkbox"/> White	<input type="checkbox"/> Brown	<input type="checkbox"/> Beard	<input type="checkbox"/> 36-50 yrs.	<input type="checkbox"/> 5'4"-5'8"	<input type="checkbox"/> 131-160 lbs.
		<input type="checkbox"/> Gray	<input type="checkbox"/> Glasses	<input type="checkbox"/> 51-65 yrs.	<input type="checkbox"/> 5'9"-6'0"	<input type="checkbox"/> 161-200 lbs.
		<input type="checkbox"/> Red		<input type="checkbox"/> Over 65 yrs.	<input type="checkbox"/> Over 6'0"	<input type="checkbox"/> Over 200 lbs.
		<input type="checkbox"/> White				

Other identifying characteristics

Served by: Signature _____ Print full name <u>Russell Neely</u> <input checked="" type="checkbox"/> Issuing officer, City of New York This service statement is affirmed under penalty of perjury.	<input type="checkbox"/> Process Server (complete next box)	For process server SWORN TO BEFORE ME ON: _____ day of _____ Notary signature _____
--	--	--

Supervisor's Signature Neely

(FOR OFFICE USE ONLY)



NOTICE OF VIOLATION AND HEARING

AGGRAVATED I

COMMISSIONER OF THE DEPARTMENT OF BUILDINGS
OF THE CITY OF NEW YORK, PETITIONER, AGAINSTViolation No. 34996456M
ENVIRONMENTAL CONTROL BOARD

Respondent	First name (or entity name) TOMY	Last name JACQUES			
2. Mailing address (Check if same address as place of occurrence)	Number and street	City	State	Zip code	
Additional mailing to be sent (agent, care of, other):		License No. (if Applicable)		Construction Activity	
Name	First name	Last name	Company		
Streeting address	Number and street	City	State	Zip code	

Commissioner's Order To Correct Violations

Place of occurrence 348 E 31 ST	Boro B	Date of violation 12/01/12	Type A	Dist. SP	Code MA	No. 04
Construction type IL	BIN 311269	No. of stories 2	Block 4947	Lot 26	Occupancy at time of inspection DWELLING	Base of violation HAZ-RC

Based on an inspection of the premises and/or records of the Department, the undersigned has determined that you are in violation of the section of law cited below, of Title 27 or Title 28 of the NYC Administrative Code, the NYC Construction Codes, the NYC Electrical Code, the NYC Zoning Resolution, the Reference Standards and/or Titles 1 or 2 of the Rules of the City of New York.

Violating Conditions Observed		Stop Work Order <input type="checkbox"/> Full <input type="checkbox"/> Partial	Class 1 <input checked="" type="checkbox"/>	Class 2 <input type="checkbox"/>	Class 3 <input type="checkbox"/>	Recurring Condition <input type="checkbox"/>
Infraction Code B3187	Provision of Law 28-201.1	FAILURE TO COMPLY WITH THE COMMISSIONER'S ORDER CONTAINED IN NOV # 35000410K ISSUED ON 10/12/12 FOR WORK WITHOUT PERMIT - IFC PARTITIONS, GAS AND PLUMBING LINES.				
Remedy: COMPLY WITH CODE						
<input type="checkbox"/> ILLEGAL CONVERSION - CLASS 1. Per 28-202.1 & 1RCNY 102-01, additional daily penalties for continued violation of 28-210.1 also applicable.						
<input type="checkbox"/> Per 28-202.1 & 1RCNY 102-01, additional "Class 1" daily or "Class 2" monthly penalty also applicable. <input type="checkbox"/> Aggravated II Condition per 1RCNY 102-01(f)						
The Commissioner orders that you timely correct these conditions and file a certificate of such correction. Uncorrected violations are subject to additional violations and penalties. IMPORTANT: See 'Certifying Correction' on reverse.						

Important Information: As detailed in §28-201.4 and Section 102-01 of Subchapter B of Title 1 of the Rules of the City of New York, violations may be subject to aggravated penalties of the first order, which shall be imposed in accordance with the ECB Buildings Penalty Schedule.

Resolution options

CURE DATE <u>1/1/13</u>	HEARING DATE <u>01/28/13</u> at <input checked="" type="checkbox"/> 8:30 AM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 1:30 PM
If a date appears in the box above, you may have the option to admit the violation and certify correction by the "cure date." By doing so, you avoid a hearing before the Environmental Control Board and any penalties which would be assessed at the hearing. Note: Depending on the violation, additional DOB civil penalties (separate from ECB penalties) may apply before a cure can be granted. For more information regarding "cures", see reverse side of the respondent copy of this Notice of Violation.	
The hearing date above is mandatory if you are either charged with a Class 1 violation, or the violation is marked as an Aggravated II condition, or if no "cure date" is given on this Notice of Violation. Also, the above hearing date is mandatory for all other types of charges if a certificate of correction (for a cure) is not received by the date indicated to the left, or is not approved by the Department, or if you are offered but have not timely accepted a pre-hearing stipulation or admit the violation. Refer to the DOB ECB Penalty Schedule at www.nyc.gov/buildings or check the status on BIS query on this website. YOU MUST ATTEND THE HEARING IF YOU WISH TO CONTEST THE VIOLATION.	
Environmental Control Board hearing locations: <input type="checkbox"/> Queens, (718) 298-7300 - 144-08 94th Avenue, 1st fl. <input type="checkbox"/> Manhattan, (212) 361-1400 - 86 John Street, 10th fl. <input checked="" type="checkbox"/> Brooklyn, (718) 923-6100 - 9 Bond Street, 7th fl. <input type="checkbox"/> Bronx, (718) 963-6110 - 3030 3rd Ave., 2nd fl. <input type="checkbox"/> Staten Island, (718) 815-8385 - 350 St. Marks Place, 1st fl.	
Proceedings will be held under the authority of the NYC Charter section 1049-a and the rules promulgated thereunder. This hearing is your opportunity to answer and defend against the allegations set forth above. Failure to appear, unless you admit the violation and an appearance is not required through availability of a Cure or Stipulation (see reverse) will result in a default and imposition of maximum penalties.	

For more information. To reschedule your hearing or inquire about the case status, call the Environmental Control Board at the numbers listed above. For information on certifying correction of this violation, read instructions on the Certificate of Correction form, call Department of Buildings at 311, or visit the ECB Violation section at www.nyc.gov/buildings.

Issuing officer's last name, first initial (print)

AMEND, M.
123189 51P
Badge number Unit Code

I personally observed the violation(s) charged and/or verified their existence through review of departmental records.

Issuing officer's signature
This statement is affirmed under penalty of perjury.

34996456M

ECB-PC (Rev. 2/12)

ORIGINAL - ECB COPY

Affidavit / Affirmation of Service

STATE OF NEW YORK, COUNTY OF KINGS

The undersigned affirms, or, being duly sworn, deposes and says: That I am over 18 years of age, and not a party to this proceeding; and that on the 1 day of DECEMBER, 2012 at 10:10 (a.m.) / p.m. (circle one) at 345 E 31ST KINGS NY (full address)

I served the within Notice of Violation and Hearing on the respondent named therein:

Note: You must complete either section A or B or C. Section D must also be completed if service was effected through A1, A2, or B1.

A. INDIVIDUAL OR PARTNERSHIP

1. ☐ Individual or Partnership - Personal Service, by delivering and leaving a true copy with _____ respondent personally.
2. ☐ Individual or Partnership - Substituted Service, by delivering a true copy to _____ a person of suitable age and discretion at respondent's actual place of business, dwelling or usual place of abode within the state.
- ☐ Required Mailing (Use with 2). On _____ I enclosed a copy of same in a first class post paid envelope properly addressed to respondent's last known residence or actual place of business and deposited said envelope in an official depository under the exclusive care and custody of the U.S. Postal Service. The envelope bore the legend "personal & confidential" and did not indicate on the outside thereof, by return address or other wise that the communication was from an attorney or concerned an action against the respondent.

B. CORPORATION

1. ☐ Corporation/LLC, by delivering and leaving a true copy with _____ an officer, director, managing agent, or general agent (circle one) of said respondent corporation, or any member of the LLC or person designated to receive service of process.
2. ☐ Secretary of State Service, by delivering to and leaving two copies with _____ in the Office of the Secretary of State of the State of New York, personally at the Office of the Secretary of State of the State of New York. Said service was made pursuant to article three of the Business Corporation Law. Deponent further says that s/he knew the person so served as aforesaid to be employed in the Office of the Secretary of State of the State of New York, duly authorized to accept such service on behalf of said respondent.

C. ALTERNATE METHOD/CHARTER SERVICE (Posting at place of occurrence)

- ☒ Alternate method of service pursuant to New York City Charter §1049-a(d)(2) [Affix and Mail Service]. I made the following reasonable but unsuccessful attempt to effectuate service upon respondent or upon any other person whom service may be made as follows: NO RESPONSE TO QUINCEUS- KNOCKS ON FRONT DOOR

A true copy of the notice of violation was posted at the following conspicuous place on the premises where the violation occurred: POSTED ON FRONT DOOR

Additional Information:

D. DESCRIPTION OF INDIVIDUAL SERVED (Complete for A1, A2, or B1)

Deponent further states that s/he describes the person actually served as follows:

GENDER	SKIN COLOR	HAIR COLOR	OTHER	AGE	HEIGHT	WEIGHT
<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Balding	<input type="checkbox"/> 14-20 yrs.	<input type="checkbox"/> under 5'	<input type="checkbox"/> under 100 lbs.
<input type="checkbox"/> Female	<input type="checkbox"/> Brown	<input type="checkbox"/> Blond	<input type="checkbox"/> Mustache	<input type="checkbox"/> 21-35 yrs.	<input type="checkbox"/> 5'0"-5'3"	<input type="checkbox"/> 101-130 lbs.
	<input type="checkbox"/> White	<input type="checkbox"/> Brown	<input type="checkbox"/> Beard	<input type="checkbox"/> 36-50 yrs.	<input type="checkbox"/> 5'4"-5'8"	<input type="checkbox"/> 131-160 lbs.
		<input type="checkbox"/> Gray	<input type="checkbox"/> Glasses	<input type="checkbox"/> 51-65 yrs.	<input type="checkbox"/> 5'9"-6'0"	<input type="checkbox"/> 161-200 lbs.
		<input type="checkbox"/> Red		<input type="checkbox"/> Over 65 yrs.	<input type="checkbox"/> Over 6'0"	<input type="checkbox"/> Over 200 lbs.
		<input type="checkbox"/> White				

Other identifying characteristics

Served by: Signature <u>MANUEL AMEND</u> Print full name <u>MANUEL AMEND</u> <input checked="" type="checkbox"/> Issuing officer, City of New York This service statement is affirmed under penalty of perjury.	<input type="checkbox"/> Process Server (complete next box)	For process server. SWORN TO BEFORE ME ON: ____ day of _____ Notary signature _____
---	--	--

Supervisor's Signature [Signature]
(FOR OFFICE USE ONLY)



NOTICE OF VIOLATION AND HEARING



COMMISSIONER OF THE DEPARTMENT OF BUILDINGS
OF THE CITY OF NEW YORK, PETITIONER, AGAINST

Violation No. 35058247L
ENVIRONMENTAL CONTROL BOARD

Respondent	First name (or entity name) TONY	Last name JACQUES		
<input type="checkbox"/> Mailing address (Check if same address as place of occurrence)	Number and street 2549 BEDFORD AVE	City BROOKLYN	State NY	Zip code 11226
Additional mailing to be sent (agent, care of, other):		License No. (if applicable)	Construction Activity	
Name	First name	Last name	Company	
Mailing address	Number and street	City	State	Zip code

Commissioner's Order To Correct Violations

Place of occurrence 348 EAST 31ST	Boro BKLN	Date of violation 4/13/13	Type A	Dist. STF	Code MS	No. 16
Construction type RRP	BIN 3111269	No. of stories 2	Block 4947	Lot 2C	Occupancy at time of inspection Res	Seals of violation Haz - Reinsp.

Based on an inspection of the premises and/or records of the Department, the undersigned has determined that you are in violation of the section of law cited below, of Title 27 or Title 28 of the NYC Administrative Code, the NYC Construction Codes, the NYC Electrical Code, the NYC Zoning Resolution, the Reference Standards and/or Titles 1 or 2 of the Rules of the City of New York.

Violating Conditions Observed		Stop Work Order <input type="checkbox"/> Full <input type="checkbox"/> Partial	Class 1 <input checked="" type="checkbox"/>	Class 2 <input type="checkbox"/>	Class 3 <input type="checkbox"/>	Recurring Condition <input type="checkbox"/>
Infraction Code B187	Provision of Law 28-201.1	Failure to comply with the commissioner's order contained in Notice of Violation # 3400410K issued on 10/12/12 .				
Illegal Plumbing / Part of SC 1 STR						
Remedy: Comply with the commissioner's order.						
<input type="checkbox"/> ILLEGAL CONVERSION - CLASS 1. Per 28-202.1 & 1RCNY 102-01, additional daily penalties for continued violation of 28-210.1 also applicable.						
<input type="checkbox"/> Per 28-202.1 & 1RCNY 102-01, additional "Class 1" daily or "Class 2" monthly penalty also applicable.						
<input checked="" type="checkbox"/> Aggravated II Condition per 1RCNY 102-01(f)						
The Commissioner orders that you timely correct these conditions and file a certificate of such correction. Uncorrected violations are subject to additional violations and penalties. IMPORTANT: See 'Certifying Correction' on reverse.						

Important Information: As detailed in §28-201.4 and Section 102-01 of Subchapter B of Title 1 of the Rules of the City of New York, violations may be subject to aggravated penalties of the first order, which shall be imposed in accordance with the ECB Buildings Penalty Schedule.

Resolution options	
CURE DATE 1/9/14	HEARING DATE 6/5/13 at <input checked="" type="checkbox"/> 8:30 AM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 1:30 PM
If a date appears in the box above, you may have the option to admit the violation and certify correction by the "cure date." By doing so, you avoid a hearing before the Environmental Control Board and any penalties which would be assessed at the hearing. Note: Depending on the violation, additional DOB civil penalties (separate from ECB penalties) may apply before a cure can be granted. For more information regarding "cures", see reverse side of the respondent copy of this Notice of Violation.	
Environmental Control Board hearing locations: <input type="checkbox"/> Queens, (718) 298-7300 - 144-06 94th Avenue, 1st fl. <input type="checkbox"/> Manhattan, (212) 381-1400 - 66 John Street, 10th fl. <input checked="" type="checkbox"/> Brooklyn, (718) 923-6100 - 9 Bond Street, 7th fl. <input type="checkbox"/> Bronx, (718) 993-6110 - 3030 3rd Ave., 2nd fl. <input type="checkbox"/> Staten Island, (718) 815-8385 - 350 St. Marks Place, 1st fl.	
Proceedings will be held under the authority of the NYC Charter section 1049-a and the rules promulgated thereunder. This hearing is your opportunity to answer and defend against the allegations set forth above. Failure to appear, unless you admit the violation or an appearance is not required through availability of a Cure or Stipulation (see reverse) will result in a default and imposition of maximum penalties.	

For more information. To reschedule your hearing or inquire about the case status, call the Environmental Control Board at the numbers listed above. For information on certifying correction of this violation, read instructions on the Certificate of Correction form, call Department of Buildings at 311, or visit the ECB Violation section at www.nyc.gov/buildings.

Issuing officer's last name, first initial (print)

STREIGMAN, M
1904 **SIP**
Badge number Unit Code

I personally observed the violation(s) charged and/or verified their existence through review of departmental records.

Issuing officer's signature
This statement is affirmed under penalty of perjury.

35058247L

ECB-PC-POP2 (Rev. 2/12)

ORIGINAL - ECB COPY

Affidavit / Affirmation of Service

STATE OF NEW YORK, COUNTY OF 2ND ss:

The undersigned affirms, or, being duly sworn, deposes and says: That I am over 18 years of age, and not a party to this proceeding, and that on the 13 day of APRIL, 2013 at 5:15 a.m. / 6 p.m. (circle one) at 342 E 31ST (full address)

I served the within Notice of Violation and Hearing on the respondent named therein:

Note: You must complete either section A or B or C. Section D must also be completed if service was effected through A1, A2, or B1.

A. INDIVIDUAL OR PARTNERSHIP

1. ☐ Individual or Partnership - Personal Service, by delivering and leaving a true copy with _____ respondent personally.
2. ☐ Individual or Partnership - Substituted Service, by delivering a true copy to _____ a person of suitable age and discretion at respondent's actual place of business, dwelling, or usual place of abode within the state.
☐ Required Mailing (Use with 2). On _____ I enclosed a copy of same in a first class post paid envelope properly addressed to respondent's last known residence or actual place of business and deposited said envelope in an official depository under the exclusive care and custody of the U.S. Postal Service. The envelope bore the legend "personal & confidential" and did not indicate on the outside thereof, by return address or other wise that the communication was from an attorney or concerned an action against the respondent.

B. CORPORATION

1. ☐ Corporation/LLC, by delivering and leaving a true copy with _____ an officer, director, managing agent, or general agent (circle one) of said respondent corporation, or any member of the LLC or person designated to receive service of process.
2. ☐ Secretary of State Service, by delivering to and leaving two copies with _____ in the Office of the Secretary of State of the State of New York, personally at the Office of the Secretary of State of the State of New York. Said service was made pursuant to article three of the Business Corporation Law. Deponent further says that s/he knew the person so served as aforesaid to be employed in the Office of the Secretary of State of the State of New York, duly authorized to accept such service on behalf of said respondent.

C. ALTERNATE METHOD/CHARTER SERVICE (Posting at place of occurrence)

- ☒ Alternate method of service pursuant to New York City Charter §1049-a(d)(2) [Affix and Mail Service]. I made the following reasonable but unsuccessful attempt to effectuate service upon respondent or upon any other person whom service may be made as follows:

Ring 2 - 29 AT UNANSWERED FRONT DOOR

A true copy of the notice of violation was posted at the following conspicuous place on the premises where the violation occurred: _____

Additional Information: FRONT DOOR

D. DESCRIPTION OF INDIVIDUAL SERVED (Complete for A1, A2, or B1)

Deponent further states that s/he describes the person actually served as follows:

GENDER	SKIN COLOR	HAIR COLOR	OTHER	AGE	HEIGHT	WEIGHT
<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Balding	<input type="checkbox"/> 14-20 yrs.	<input type="checkbox"/> under 5'	<input type="checkbox"/> under 100 lbs.
<input type="checkbox"/> Female	<input type="checkbox"/> Brown	<input type="checkbox"/> Blond	<input type="checkbox"/> Mustache	<input type="checkbox"/> 21-35 yrs.	<input type="checkbox"/> 5'0"-5'3"	<input type="checkbox"/> 101-130 lbs.
	<input type="checkbox"/> White	<input type="checkbox"/> Brown	<input type="checkbox"/> Beard	<input type="checkbox"/> 36-50 yrs.	<input type="checkbox"/> 5'4"-5'8"	<input type="checkbox"/> 131-160 lbs.
		<input type="checkbox"/> Gray	<input type="checkbox"/> Glasses	<input type="checkbox"/> 51-65 yrs.	<input type="checkbox"/> 5'9"-6'0"	<input type="checkbox"/> 161-200 lbs.
		<input type="checkbox"/> Red		<input type="checkbox"/> Over 65 yrs.	<input type="checkbox"/> Over 6'0"	<input type="checkbox"/> Over 200 lbs.
		<input type="checkbox"/> White				

Other identifying characteristics _____

Served by: Signature _____ Print full name <u>MANUSCIPANN</u> <input checked="" type="checkbox"/> Issuing officer, City of New York This service statement is affirmed under penalty of perjury.	<input type="checkbox"/> Process Server (complete next box)	For process server SWORN TO BEFORE ME ON: _____ day of _____ Notary signature _____
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Supervisor's Signature _____

(FOR OFFICE USE ONLY)



NOTICE OF VIOLATION AND HEARING



COMMISSIONER OF THE DEPARTMENT OF BUILDINGS
OF THE CITY OF NEW YORK, PETITIONER, AGAINST

Violation No. 35000410K
ENVIRONMENTAL CONTROL BOARD

Respondent	First name (or entity name) Tony	Last name Jaques		
<input checked="" type="checkbox"/> Mailing address (check if same address as place of occurrence)	Number and street	City	State	Zip code
Additional mailing to be sent (agent, care of, other):		License No. (if Applicable)		Construction Activity
Name	First name	Last name	Company	
Mailing address	Number and street	City	State	Zip code

Commissioner's Order To Correct Violations

Place of occurrence 348 E 31st	Boro BK	Date of violation 10/12/12	Type ER	Dist. 17	Code RM	No. 01
Construction type IL	BIN 3111269	No. of stories 2	Block 4947	Lot 26	Occupancy at time of inspection Residential	Basis of violation 3424353

Based on an inspection of the premises and/or records of the Department, the undersigned has determined that you are in violation of the section of law cited below, of Title 27 or Title 28 of the NYC Administrative Code, the NYC Construction Codes, the NYC Electrical Code, the NYC Zoning Resolution, the Reference Standards and/or Titles 1 or 2 of the Rules of the City of New York.

Violating Conditions Observed	Stop Work Order <input type="checkbox"/> Full <input type="checkbox"/> Partial	Class 1 <input checked="" type="checkbox"/>	Class 2 <input type="checkbox"/>	Class 3 <input type="checkbox"/>	Recurring Condition <input type="checkbox"/>
Infraction Code 28105.1	Provision of Law 28105.1	Work without permit; work noted at 1st floor. Create full height partitions subdividing 1st floor in half. installed water & waste lines for a 3pc bath with toilet shown. a Residential sink & gas line for a stove at 1st floor front. Creating a separate 1 bedroom Apartment.			
Remedy: Obtain permit & work to pass legal condition					
<input type="checkbox"/> ILLEGAL CONVERSION - CLASS 1. Per 28-202.1 & 1RCNY 102-01, additional daily penalties for continued violation of 28-210.1 also applicable.					
<input type="checkbox"/> Per 28-202.1 & 1RCNY 102-01, additional "Class 1" daily or "Class 2" monthly penalty also applicable.					
<input type="checkbox"/> Aggravated II Condition per 1RCNY 102-01(f)					
The Commissioner orders that you timely correct these conditions and file a certificate of such correction. Uncorrected violations are subject to additional violations and penalties. IMPORTANT: See 'Certifying Correction' on reverse.					

Important Information: As detailed in §28-201.4 and Section 102-01 of Subchapter B of Title 1 of the Rules of the City of New York, violations may be subject to aggravated penalties of the first order, which shall be imposed in accordance with the ECB Buildings Penalty Schedule.

Resolution options	
CURE DATE 11/1/12	HEARING DATE 11/26/12 at <input checked="" type="checkbox"/> 8:30 AM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 1:30 PM
If a date appears in the box above, you may have the option to admit the violation and certify correction by the "cure date." By doing so, you avoid a hearing before the Environmental Control Board and any penalties which would be assessed at the hearing. Note: Depending on the violation, additional DOB civil penalties (separate from ECB penalties) may apply before a cure can be granted. For more information regarding "cures", see reverse side of the respondent copy of this Notice of Violation.	
Environmental Control Board hearing locations: <input type="checkbox"/> Queens, (718) 298-7300 - 144-08 94th Avenue, 1st fl. <input type="checkbox"/> Manhattan, (212) 361-1400 - 68 John Street, 10th fl. <input type="checkbox"/> Brooklyn, (718) 923-6100 - 9 Bond Street, 7th fl. <input type="checkbox"/> Bronx, (718) 983-6110 - 3030 3rd Ave., 2nd fl. <input type="checkbox"/> Staten Island, (718) 815-8385 - 350 St. Marks Place, 1st fl. Proceedings will be held under the authority of the NYC Charter section 1049-a and the rules promulgated thereunder. This hearing is your opportunity to answer and defend against the allegations set forth above. Failure to appear, unless you admit the violation or all appearance is not required through availability of a Cure or Stipulation (see reverse) will result in a default and imposition of maximum penalties.	

For more information. To reschedule your hearing or inquire about the case status, call the Environmental Control Board at the numbers listed above. For information on certifying correction of this violation, read instructions on the Certificate of Correction form, call Department of Buildings at 311, or visit the ECB Violation section at www.nyc.gov/buildings.

Issuing officer's last name, first initial (print)

McCrory
Badge number Unit Code

I personally observed the violation(s) charged and/or verified their existence through review of departmental records.

Issuing officer's signature
This statement is affirmed under penalty of perjury.

35000410K

ECB-PC (Rev. 2/12)

ORIGINAL - ECB COPY

Affidavit / Affirmation of Service

STATE OF NEW YORK, COUNTY OF KING ss:

The undersigned affirms, or, being duly sworn, deposes and says: That I am over 18 years of age, and not a party to this proceeding; and that on the 12 day of October, 2012 at 4:15 a.m. / p.m. (circle one) at 348 E 31st St Brooklyn NY (full address)

I served the within Notice of Violation and Hearing on the respondent named therein;

Note: You must complete either section A or B or C. Section D must also be completed if service was effected through A1, A2, or B1.

A. INDIVIDUAL OR PARTNERSHIP

1. ☐ Individual or Partnership - Personal Service, by delivering and leaving a true copy with _____ respondent personally.
2. ☐ Individual or Partnership - Substituted Service, by delivering a true copy to _____ a person of suitable age and discretion at respondent's actual place of business, dwelling or usual place of abode within the state.
- ☐ Required Mailing (Use with 2). On _____ I enclosed a copy of same in a first class post paid envelope properly addressed to respondent's last known residence or actual place of business and deposited said envelope in an official depository under the exclusive care and custody of the U.S. Postal Service. The envelope bore the legend "personal & confidential" and did not indicate on the outside thereof, by return address or other wise that the communication was from an attorney or concerned an action against the respondent.

B. CORPORATION

1. ☐ Corporation/LLC, by delivering and leaving a true copy with _____ an officer, director, managing agent, or general agent (circle one) of said respondent corporation, or any member of the LLC, or person designated to receive service of process.
2. ☐ Secretary of State Service, by delivering to and leaving two copies with _____ in the Office of the Secretary of State of the State of New York, personally at the Office of the Secretary of State of the State of New York. Said service was made pursuant to article three of the Business Corporation Law. Deponent further says that s/he knew the person so served as aforesaid to be employed in the Office of the Secretary of State of the State of New York, duly authorized to accept such service on behalf of said respondent.

C. ALTERNATE METHOD/CHARTER SERVICE (Posting at place of occurrence)

- ☒ Alternate method of service pursuant to New York City Charter §1049-a(d)(2) [Affix and Mail Service]. I made the following reasonable but unsuccessful attempt to effectuate service upon respondent or upon any other person whom service may be made as follows:

Owner not present, tenants
Grand Access & Violations paid

A true copy of the notice of violation was posted at the following conspicuous place on the premises where the violation occurred: 348 E 31st St Brooklyn NY

Additional Information:

D. DESCRIPTION OF INDIVIDUAL SERVED (Complete for A1, A2, or B1)

Deponent further states that s/he describes the person actually served as follows:

GENDER	SKIN COLOR	HAIR COLOR	OTHER	AGE	HEIGHT	WEIGHT
<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Balding	<input type="checkbox"/> 14-20 yrs.	<input type="checkbox"/> under 5'	<input type="checkbox"/> under 100 lbs.
<input type="checkbox"/> Female	<input type="checkbox"/> Brown	<input type="checkbox"/> Blond	<input type="checkbox"/> Mustache	<input type="checkbox"/> 21-35 yrs.	<input type="checkbox"/> 5'0"-5'3"	<input type="checkbox"/> 101-130 lbs.
	<input type="checkbox"/> White	<input type="checkbox"/> Brown	<input type="checkbox"/> Beard	<input type="checkbox"/> 36-50 yrs.	<input type="checkbox"/> 5'4"-5'8"	<input type="checkbox"/> 131-160 lbs.
		<input type="checkbox"/> Gray	<input type="checkbox"/> Glasses	<input type="checkbox"/> 51-65 yrs.	<input type="checkbox"/> 5'9"-6'0"	<input type="checkbox"/> 161-200 lbs.
		<input type="checkbox"/> Red		<input type="checkbox"/> Over 65 yrs.	<input type="checkbox"/> Over 6'0"	<input type="checkbox"/> Over 200 lbs.
		<input type="checkbox"/> White				

Other identifying characteristics

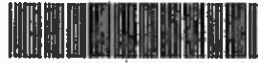
Served by: _____ Signature _____ Print full name: <u>James M. McCaig</u> <input checked="" type="checkbox"/> Issuing officer, City of New York This service statement is affirmed under penalty of perjury. <input type="checkbox"/> Process Server (complete next box)	For process server SWORN TO BEFORE ME ON: ____ day of _____ Notary signature _____
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Supervisor's Signature Phan
(FOR OFFICE USE ONLY)



NOTICE OF VIOLATION AND HEARING

AGGRAVATED I

COMMISSIONER OF THE DEPARTMENT OF BUILDINGS
OF THE CITY OF NEW YORK, PETITIONER, AGAINSTViolation No. 35023152Z
ENVIRONMENTAL CONTROL BOARD

Respondent	First name (or entity name) TONY	Last name JACQUES		
<input type="checkbox"/> Mailing address (Check if same address as place of occurrence)	Number and street 2549 BEDFORD AVE	City BROOKLYN	State NY	Zip code 11226
Additional mailing to be sent (agent, care of, other):		License No. (if Applicable)		Construction Activity
Name	First name	Last name	Company	
Mailing address	Number and street		City	State Zip code

Commissioner's Order To Correct Violations

Place of occurrence 348 E 31 ST	Boro B	Date of violation 06/13/13	Type A	Dist. 5TH	Code MA	No. 06
Construction type DI	BIN 3111261	No. of stories 2	Block 4947	Lot 26	Occupancy at time of inspection DWELLING	Basis of violation 1602-14

Based on an inspection of the premises and/or records of the Department, the undersigned has determined that you are in violation of the section of law cited below, of Title 27 or Title 28 of the NYC Administrative Code, the NYC Construction Codes, the NYC Electrical Code, the NYC Zoning Resolution, the Reference Standards and/or Titles 1 or 2 of the Rules of the City of New York.

Violating Conditions Observed		Stop Work Order <input type="checkbox"/> Full <input type="checkbox"/> Partial	Class 1 <input checked="" type="checkbox"/>	Class 2 <input type="checkbox"/>	Class 3 <input type="checkbox"/>	Recurring Condition <input checked="" type="checkbox"/>
Infraction Code B187	Provision of Law 28-201.1	FAILURE TO COMPLY WITH THE COMMISSIONER'S ORDER CONTAINED IN NOV# 35000410K ISSUED ON 10/12/12 FOR WORK WITHOUT PERMIT - FIRST FLOOR PARTITIONS AND PLUMBING.				
Remedy: COMPLY WITH CODE						
<input type="checkbox"/> ILLEGAL CONVERSION - CLASS 1. Per 28-202.1 & 1RCNY 102-01, additional daily penalties for continued violation of 28-201.1 also applicable.						
<input type="checkbox"/> Per 28-202.1 & 1RCNY 102-01, additional "Class 1" daily or "Class 2" monthly penalty also applicable. <input checked="" type="checkbox"/> Aggravated II Condition per 1RCNY 102-01(f)						
The Commissioner orders that you timely correct these conditions and file a certificate of such correction. Uncorrected violations are subject to additional violations and penalties. IMPORTANT: See 'Certifying Correction' on reverse.						

Important Information: As detailed in §28-201.4 and Section 102-01 of Subchapter B of Title 1 of the Rules of the City of New York, violations may be subject to aggravated penalties of the first order, which shall be imposed in accordance with the ECB Buildings Penalty Schedule.

Resolution options	
CURE DATE <input type="text"/>	HEARING DATE 07/29/13 at <input checked="" type="checkbox"/> 8:30 AM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 1:30 PM
If a date appears in the box above, you may have the option to <u>admit</u> the violation and certify correction by the "cure date." By doing so, you avoid a hearing before the Environmental Control Board and any penalties which would be assessed at the hearing. Note: Depending on the violation, additional DOB civil penalties (separate from ECB penalties) may apply before a cure can be granted. For more information regarding "cures", see reverse side of the respondent copy of this Notice of Violation.	
The hearing date above is mandatory if you are either charged with a Class 1 violation, or the violation is marked as an Aggravated II condition, or if no "cure date" is given on this Notice of Violation. Also, the above hearing date is mandatory for all other types of charges if a certificate of correction (for a cure) is not received by the date indicated to the left, or is not approved by the Department, or if you are offered but have not timely accepted a pre-hearing stipulation or admit the violation. Refer to the DOB ECB Penalty Schedule at www.nyc.gov/buildings or check the status on BIS query on this website. YOU MUST ATTEND THE HEARING IF YOU WISH TO CONTEST THE VIOLATION.	
Environmental Control Board hearing locations: <input type="checkbox"/> Queens, (718) 236-7300 - 144-06 94th Avenue, 1st fl. <input type="checkbox"/> Manhattan, (212) 381-1400 - 66 John Street, 10th fl. <input checked="" type="checkbox"/> Brooklyn, (718) 923-6100 - 9 Bond Street, 7th fl. <input type="checkbox"/> Bronx, (718) 963-8110 - 3030 3rd Ave., 2nd fl. <input type="checkbox"/> Staten Island, (718) 815-8385 - 350 St. Marks Place, 1st fl.	
Proceedings will be held under the authority of the NYC Charter section 1048-a and the rules promulgated thereunder. This hearing is your opportunity to answer and defend against the allegations set forth above. Failure to appear, unless you admit the violation or an appearance is not required through availability of a Cure or Stipulation (see reverse) will result in a default and imposition of maximum penalties.	

For more information. To reschedule your hearing or inquire about the case status, call the Environmental Control Board at the numbers listed above. For information on certifying correction of this violation, read instructions on the Certificate of Correction form, call Department of Buildings at 311, or visit the ECB Violation section at www.nyc.gov/buildings.

Issuing officer's last name, first initial (print)

AMEND, M.

I personally observed the violation(s) charged and/or verified their existence through review of departmental records.

Issuing officer's signature

This statement is affirmed under penalty of perjury.

Badge number **23159** Unit Code **51P**

35023152Z

ECB-PC (Rev. 2/12)

ORIGINAL - ECB COPY

Affidavit / Affirmation of Service

STATE OF NEW YORK, COUNTY OF KINGS ss:

The undersigned affirms, or, being duly sworn, deposes and says: That I am over 18 years of age, and not a party to this proceeding, and that on the 13 day of JUNE, 2013 at 2:00 a.m. (p.m.) (circle one) at 348 E 31ST KINGS NY (full address)

I served the within Notice of Violation and Hearing on the respondent named therein:

Note: You must complete either section A or B or C. Section D must also be completed if service was effected through A1, A2, or B1.

A. INDIVIDUAL OR PARTNERSHIP

1. ☐ Individual or Partnership - Personal Service, by delivering and leaving a true copy with _____ respondent personally.
2. ☐ Individual or Partnership - Substituted Service, by delivering a true copy to _____ a person of suitable age and discretion at respondent's actual place of business, dwelling or usual place of abode within the state.
☐ Required Mailing (Use with 2). On ____/____/____ I enclosed a copy of same in a first class post paid envelope properly addressed to respondent's last known residence or actual place of business and deposited said envelope in an official depository under the exclusive care and custody of the U.S. Postal Service. The envelope bore the legend "personal & confidential" and did not indicate on the outside thereof, by return address or other wise that the communication was from an attorney or concerned an action against the respondent.

B. CORPORATION

1. ☐ Corporation/LLC, by delivering and leaving a true copy with _____ an officer, director, managing agent, or general agent (circle one) of said respondent corporation, or any member of the LLC or person designated to receive service of process.
2. ☐ Secretary of State Service, by delivering to and leaving two copies with _____ in the Office of the Secretary of State of the State of New York, personally at the Office of the Secretary of State of the State of New York. Said service was made pursuant to article three of the Business Corporation Law. Deponent further says that s/he knew the person so served as aforesaid to be employed in the Office of the Secretary of State of the State of New York, duly authorized to accept such service on behalf of said respondent.

C. ALTERNATE METHOD/CHARTER SERVICE (Posting at place of occurrence)

- ☒ Alternate method of service pursuant to New York City Charter §1049-a(d)(2) [Affix and Mail Service]. I made the following reasonable but unsuccessful attempt to effectuate service upon respondent or upon any other person whom service may be made as follows: NO RESPONSE TO DUMMIES, KNOCKS AT FRONT DOOR

A true copy of the notice of violation was posted at the following conspicuous place on the premises where the violation occurred: POSTED ON FRONT DOOR

Additional Information:

D. DESCRIPTION OF INDIVIDUAL SERVED (Complete for A1, A2, or B1)

Deponent further states that s/he describes the person actually served as follows:

GENDER	SKIN COLOR	HAIR COLOR	OTHER	AGE	HEIGHT	WEIGHT
<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Balding	<input type="checkbox"/> 14-20 yrs.	<input type="checkbox"/> under 5'	<input type="checkbox"/> under 100 lbs.
<input type="checkbox"/> Female	<input type="checkbox"/> Brown	<input type="checkbox"/> Blond	<input type="checkbox"/> Mustache	<input type="checkbox"/> 21-35 yrs.	<input type="checkbox"/> 5'0"-5'3"	<input type="checkbox"/> 101-130 lbs.
	<input type="checkbox"/> White	<input type="checkbox"/> Brown	<input type="checkbox"/> Beard	<input type="checkbox"/> 36-50 yrs.	<input type="checkbox"/> 5'4"-5'8"	<input type="checkbox"/> 131-160 lbs.
		<input type="checkbox"/> Gray	<input type="checkbox"/> Glasses	<input type="checkbox"/> 51-65 yrs.	<input type="checkbox"/> 5'9"-6'0"	<input type="checkbox"/> 161-200 lbs.
		<input type="checkbox"/> Red		<input type="checkbox"/> Over 65 yrs.	<input type="checkbox"/> Over 6'0"	<input type="checkbox"/> Over 200 lbs.
		<input type="checkbox"/> White				

Other identifying characteristics:

Served by: Signature _____ Print full name <u>MANUEL AMEND</u> <input checked="" type="checkbox"/> Issuing officer, City of New York This service statement is affirmed under penalty of perjury.	<input type="checkbox"/> Process Server (complete next box) Notary signature _____
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Supervisor's Signature Williams
(FOR OFFICE USE ONLY)