



Buildings

CONTROL NO. 346893

THE CITY OF NEW YORK  
DEPARTMENT OF BUILDINGS

MANHATTAN  
280 Broadway  
New York, NY 10007  
(212)-323-8079

BRONX  
1932 Arthur Ave  
Bronx, NY 10457  
(718)-960-4730

BROOKLYN  
Municipal Building  
Brooklyn, NY 11201  
(718)-802-3685

QUEENS  
120-55 Queens Blvd.  
Kew Gardens, NY 11424  
(718)-286-8380

STATEN ISLAND  
Borough Hall  
St. George, NY 10301  
(718)-420-5418

[Name] 534 WEST 42<sup>ND</sup> STREET  
CONDOMINIUM

Mailing Address

[ P.O. Box 652  
NEW YORK NY 10108 ]

You are hereby notified that there exists a violation in the subject premises as described below, and are ordered to remove this violation immediately. (If this violation is not corrected as required by law, you may be subject to criminal prosecution.) All inquiries and references to this violation should be directed to the respective borough.

JAMES S. O'DONN  
COMMISSIONER OF BUILDINGS

Location				Boro	Violation Number				
534 WEST 42 <sup>ND</sup> STREET				MN	Date	Type	Dist.	No.	Quad.
Construction	No. of Stories	Block	Lot		09/14/23	LL	F	3F	02
Occupied at Time of Inspection as:				Complaint No.	Docket No.				
RESIDENTIAL					/ /				
28-302-1 ADMINISTRATION				Stop Work Order Issued	CLASS 1	CLASS 2		CLASS 3	
Section(s) Violated of the CODE NYC					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DESCRIPTION OF VIOLATION: \* EMERGENCY WORK ORDER. DUE TO THE  
HAZARD POSE BY CRACKED SPALLED CONCRETE  
AT THE SOUTH ELEVATION EXPOSURE #3 (AT THE SOUTH EAST  
CORNER OF 2ND FLOOR TERRACE.

REMEDY/REQUIREMENTS: REPAIR \* OWNER MUST IMMEDIATELY REMOVE LOOSE  
AND SPALLS / CRACKED CONCRETE PROVIDE SURETY  
MEASURES AND REPAIR CONDITION

Filed By (Signature) [Signature] Print Name [James S. O'Donn] Badge Number 2864

AFFIDAVIT OF SERVICE BY MAIL - City and State of New York, County of \_\_\_\_\_ } ss: The undersigned being duly sworn, deposes and says that I am an employee in the New York City Department Of Buildings, I am over 18 years of age, and on \_\_\_\_\_ I served this Notice of Violation by depositing a copy thereof, enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within New York City, addressed to the party indicated above and addressed to each of the following persons at the addresses set forth after each name:

1. \_\_\_\_\_
2. \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ X  
Day of \_\_\_\_\_, 20\_\_\_\_ Signature  
X  
NOTARY PUBLIC/COMMISSIONER OF DEEDS Print Full Name



**AFFIDAVIT OF SERVICE**

City and State of New York, County of \_\_\_\_\_ ] ss.:

The undersigned, being duly sworn, deposes and says:

I am an employee in the New York City Department of Buildings and I am over 18 years of age.

On \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./ p.m., I served Notice of Violation No. \_\_\_\_\_ by

(Complete A, B, or C as appropriate)

**A. PERSONAL SERVICE:****1. PERSONAL SERVICE UPON AN INDIVIDUAL**

- ☐ Delivering a true copy to the person named on Notice of Violation, who is believed to be the  
(Check the appropriate box) ☐ Owner ☐ Occupant ☐ Lessee of the premises ☐ Causing work to be performed at the premises

FOR STOP WORK NOTICES AND ORDERS AND VIOLATIONS OF ADMINISTRATIVE CODE SECTION 28-207.2

- ☐ Said person was executing and/or causing the work observed at the premises and was directed to stop work.

**2. PERSONAL SERVICE UPON A CORPORATION**

- ☐ Delivering a true copy to (The person served with the NOV on behalf of the corporation)  
believed to be the (Check the appropriate box) ☐ Officer ☐ Designated agent for service of process  
of the corporation named on the Notice of Violation. Said corporation was believed to be (the)  
(Check the appropriate box) ☐ Owner ☐ Occupant ☐ Lessee of the premises ☐ Causing work to be performed at the  
premises.

**B. SUBSTITUTE SERVICE:**

- ☐ Delivering a true copy to (Person with whom the NOV was left) \_\_\_\_\_ a person of suitable  
age and discretion, who appeared to be in charge of the premises described in the violation in that (s)he stated that (s)he was the  
(Relationship of person with whom the NOV was left at the premises) \_\_\_\_\_ at the premises.

**C. POSTING:**

- ☐ Posting a true copy of such notice in a conspicuous place upon the premises therein mentioned.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

X  
SIGNATURE

X \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Badge No. \_\_\_\_\_