



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

file

<p>For Official Use Only</p> <p>Postmark Date: <u>6/28/13</u></p> <p>Project ID#: _____</p> <p>Permit #: <u>95242</u></p> <p>Other #: _____</p> <p>Inspector: <u>448 #1</u></p>	<p>Date Received 1 <u>2013 JUN 23 AM 10:45</u> Date Received 2 _____</p>	<div style="border: 1px solid black; padding: 10px; width: 100%;"> <p>ASBESTOS CONTROL UNIT</p> </div>
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NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	<p>TYPE OF NOTIFICATION (check one):</p> <p><input checked="" type="checkbox"/> Revision (highlight here, and changes)</p> <p><input type="checkbox"/> Postponement</p>	<p><input type="checkbox"/> Initial</p> <p><input type="checkbox"/> Phase of Annual Notification</p> <p><input type="checkbox"/> Cancellation</p>	<p><input type="checkbox"/> Annual Notification</p>
Date of Initial Notification or, if previously revised, date of last revision: _____			
2.	<p>PROJECT LOCATION (check one):</p> <p><input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA (specify county): _____</p>		
3.	<p>For Allegheny County and City of Philadelphia projects only:</p> <p>A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)</p> <p>B. For City of Philadelphia projects requiring a permit:</p> <p>Asbestos project inspector: _____ Certification #: _____</p> <p>Company name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Phone: _____</p>		
4.	<p>WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).)</p>		
5.	<p>TYPE OF OPERATION (check one):</p> <p><input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Abatement prior to Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation</p>		
6.	<p>FACILITY DESCRIPTION: Job No.: <u>139-13</u> (see instructions)</p> <p>Facility Name: <u>COMMERCIAL BUILDING</u></p> <p>Street/Rural Address: <u>2136-2138 MARKET ST</u></p> <p>City: <u>PHILA</u> State: <u>PA</u> Zip Code: <u>19103</u></p> <p>Present use: <u>COLLAPSED BUILDING</u> Prior use: <u>OCCUPIED COMMERCIAL</u></p> <p>Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Facility size in square feet: <u>8125 SF</u> # of floors: <u>2</u> Age in years: <u>+/-60YRS</u></p>		
7.	<p>ABATEMENT CONTRACTOR:</p> <p>Company name: _____</p> <p>Allegheny County or City of Philadelphia License # (if applicable): _____</p> <p>Street/Rural/POB Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Contact: _____ Telephone No. (between 8:00 & 4:30): _____</p>		

8. DEMOLITION CONTRACTOR:
 Company name: GEPPERT BROS. INC.
 Street/Rural/POB Address: 3101 TREWIGTOWN ROAD
 City: COLMAR State: PA Zip: 18915
 Contact: BILL GASS Telephone No. (between 8:00 & 4:30): 215-822-7900

9. FACILITY OWNER:
 Owner name: STB INVESTMENT CORP
 Street/Rural/POB Address: 300 W 43RD ST SUITE 400
 City: NEW YORK State: NY Zip: 10036
 Contact: _____ Telephone No. (between 8:00 & 4:30): 212-247-4910

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building inspector: WILLIAM OTTEN Certification # 107
 Date of inspection: 6/272013 Is any material assumed to be asbestos? Yes No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:
PLM

Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT Yes No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.
PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
		SEE ATTACHED				

Code *	Code **	Code ***	Code ****
Type of ACM	Units	Type of abatement	Final Clearance
FRI - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy
NF1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy
NF2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure	
(Note: Allegheny County treats all ACM as friable)		NON - None	

13. Is this project regulated by NESHAP Yes No
 A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am pm to _____ am pm
 Days of week (check) Mo Tu We Th Fr Sa Su
- B. Demolition: Start Date: 6/28/2013 Completion Date: 12/31/2013
 Daily hours of operation: 7:00 am pm to 4:00 am pm
 Days of week (check) Mo Tu We Th Fr Sa Su
- C. Renovation: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am pm to _____ am pm
 Days of week (check) Mo Tu We Th Fr Sa Su

COMMENTS:

L & I HAS TOLD GEPPERT BROS. THIS COLLAPSED BUILDING IS PRIORITY AND TO START AS SOON AS POSSIBLE

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
 COMPLETE DEMOLITION OF COLLAPSED COMMERCIAL BUILDING

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. Transporter #2 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

- A. Landfill name: _____ DEP permit #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
- B. Landfill name: _____ DEP permit #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S)

- A. Company name/individual: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
- B. Final clearance firm: (if different than 19A) _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
Final clearance firm was hired by (check one) Contractor Owner
 Other Explain _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

- A. PCM company name/individual: _____ Certification #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
- B. TEM company name: _____ Certification #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ am pm
Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: _____
Name of individual who ordered: _____ Title: _____
Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
Stop work immediately and contact the Owner.

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____ Certification #: _____
Contractor (Individual): _____ Certification #: _____
Supervisor: _____ Certification #: _____
Contractor (Firm) _____ Certification #: _____

***** SIGN BOTH STATEMENTS *****

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

William Gass 6/27/13
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: WILLIAM GASS Title: ADMINISTRATOR

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

William Gass 6/27/13
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: WILLIAM GASS Title: ADMINISTRATOR

FOR OFFICIAL USE ONLY



City of Philadelphia - Department of Public Health
Public Health Services - Air Management Services
Asbestos Control Unit - 321 University Av., 19104

Office Use Only

Date Received L&I:

Date Received AMS:

Date Inspected:

Inspector #

Asbestos Inspection Report

Name of Building: N/A	Address 2136-38 Market Street Philadelphia, PA	Phone # N/A
Name of Building Owner: STB Investments Corp.	Address 300 W. 43 rd Street, Suite 400 New York, NY 10036	Phone # 212-247-4910
Name of Licensed Investigator: William Otten	License # 0524	Phone # 610-891-0114
Name of Certified Lab: Accredited Environmental Technologies, Inc.	License # 107	Phone # 610-891-0114

Scope of Work:

Asbestos inspection performed following building collapse during demolition activities. Inspection services were limited to accessible surfaces of the demolition debris throughout the site (8,500 square feet). Note: 2136-38 Market Street encompasses the western portion of the site comprising of 4,187.5 SF.

Could not complete the inspection because the building or a portion of has been declared imminently dangerous (ID) and in danger of collapse.
INVESTIGATOR MUST BE ON SITE DURING DEMOLITION!

Asbestos Containing Material Present? Yes (List Below) No

List Asbestos Containing Material (ACM) located in the planned renovation/demolition area(s). Damaged ACM must be listed and then repaired or removed prior to renovation. You (Investigator) must label all ACM that may be left in the work area. Page 1 of 1

Location	Description	Type (Code 1)	Amount		Condition (Code 2)	Action (Code 3)
			Square	Linear		
Demolition Debris	Pipe Insulation	FRI			DD	REM
Demolition Debris	9"x9" Green Floor Tile	NF1			DD	REM
Demolition Debris	Roofing	NF1			DD	REM
Demolition Debris	Tan Floor Tile	NF1			DD	REM
Demolition Debris	Black Mastic/Tar (on plaster)	NF1			DD	REM
Demolition Debris	Tar Mastic (on wood) Associated with Brown Wall Covering	NF1			DD	REM
Demolition Debris	Wall Mastic (black)	NF1			DD	REM

Code 1
FRI - Friable
NF1 - Non-Friable, Cat. 1
NF2 - Non-Friable, Cat. 2

Code 2
DD - Deteriorated or Delaminated
ND - Non-Damaged

Code 3
REM - Removal necessary prior to Demo/Reno
NRN - No removal necessary, label ACM
REP - Repair & Label ACM, removal not necessary

I hereby certify that the foregoing statements are true and the information contained in this report is true. This certification is made subject to the penalties set forth in 18 PA. C.S. 54904 relating to unsworn falsification to authorities. Furthermore I certify that the inspection, sampling, and labeling requirements of section X of the Asbestos Control Regulation (ACR) have been met. The building owner has been notified of the ACR requirements and given a copy of this report. If the inspection has revealed ACM which will be disturbed by the proposed work or if it has revealed ACM in bad condition, the building owner has been notified to remove or repair the ACM in accordance with the ACR prior to renovation or demolition activity.

Signature of Licensed Asbestos Investigator:

Date: 6/27/13

Signature of Building Owner:

Date:

6/27/13

Secretary



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS

Contractual Services Unit
Municipal Services Building
1401 J.F. Kennedy Blvd.
RM. 1140
Philadelphia, PA 19102

VIOLATION NOTICE

Case No: 384361

STB INVESTMENTS CORP A PENNA CORP
STB INVESTMENTS CORP
C/O OSHTRY SUITE 313 1819 JOHN F KENNEDY BLV
PHILADELPHIA PA 19103-1733

Case No: 384361

Date of Notice: 06/14/13

Subject Premises: 2136 MARKET ST ENTIRE PROPERTY

This is to inform you that the Department of Licenses and Inspections has inspected the subject premises and declared it **IMMINENTLY DANGEROUS**, in whole or in part, within the meaning of the Philadelphia Property Maintenance Code, Section PM-308.0 Imminently Dangerous Structures.

If you fail to comply with this order forthwith, the City may demolish the structure and stucco the party walls exposed by demolition in accordance with all provisions of the Code. You, the owner, will be billed for all costs incurred including an administrative fee. Failure to pay such bill will result in the City filing a lien in the amount against the title to the premises and/or costs and charges being recovered by a civil action brought against you. (See PM-308.6)

If you intend to appeal this violation, you must apply at Boards Administration, Public Services Concourse, Municipal Services Building, 1401 John F. Kennedy Blvd., Philadelphia, PA 19102, within 5 days of the date of this notice. Telephone inquiries concerning appeal process can be directed to 215-688-2419. It is necessary that you submit a copy of this notice with the appeal. (See A-801.2)

If you have any questions regarding this notice, you may call the Contractual Services Unit at 215-688-2588.

INSPECTOR B. CLARK
Contractual Services Unit

VIOLATIONS:

The roof of the subject structure is partially collapsed and in imminent danger of further collapse. The structure has therefore been designated as Imminently dangerous in accordance with Section 308 of the Philadelphia Property Maintenance Code. You must immediately repair the roof or demolish the structure in whole or in part. Please see additional important information below. [See PM-308.1]

Location: MAIN

The indicated wall of the subject structure is partially collapsed and in imminent danger of further collapse. The structure has therefore been designated as imminently dangerous in accordance with Section 308 of the Philadelphia Property Maintenance Code. You must immediately repair the wall or demolish the structure in whole or in part. Please see additional important information below. [See PM-308.1]

Location: WEST WALL,



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS

Contractual Services Unit
Municipal Services Building
1401 J.P. Kennedy Blvd.
RM. 1140
Philadelphia, PA 19102

VIOLATION NOTICE

Case No: 386016

STB INVESTMENTS CORP A PENNA CORP
STB INVESTMENTS CORP
C/O OSHTRY SUITE 313 1819 JOHN F KENNEDY BLV
PHILADELPHIA PA 19103-1733

Case No: 386016

Date of Notice: 06/14/13

Subject Premises: 2136 MARKET ST

This is to inform you that the Department of Licenses and Inspections has inspected the subject premises and declared it **IMMINENTLY DANGEROUS**, in whole or in part, within the meaning of the Philadelphia Property Maintenance Code, Section PM-308.0 Imminently Dangerous Structures.

If you fail to comply with this order forthwith, the City may demolish the structure and stucco the party walls exposed by demolition in accordance with all provisions of the Code. You, the owner, will be billed for all costs incurred including an administrative fee. Failure to pay such bill will result in the City filing a lien in the amount against the title to the premises and/or costs and charges being recovered by a civil action brought against you. (See PM-308.6)

If you intend to appeal this violation, you must apply at Boards Administration, Public Services Concourse, Municipal Services Building, 1401 John F. Kennedy Blvd., Philadelphia, PA 19102, within 5 days of the date of this notice. Telephone inquiries concerning appeal process can be directed to 215-686-2419. It is necessary that you submit a copy of this notice with the appeal. (See A-801.2)

If you have any questions regarding this notice, you may call the Contractual Services Unit at 215-686-2588.

INSPECTOR A. MC CARTHY
Contractual Services Unit

VIOLATIONS:



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS

Contractual Services Unit
Municipal Services Building
1401 J.F. Kennedy Blvd.
RM. 1140
Philadelphia, PA 19102

VIOLATION NOTICE

Case No: 386016

The Department has inspected the construction excavation at this location and designated it as unsafe.

A construction excavation where no work has been done within the past six months shall be deemed unsafe, unless the developer or property owner:

1. Submits a report to the Department from a professional engineer registered in the Commonwealth of Pennsylvania certifying that the excavation is safe; and
2. Provides a suitable barrier to prevent trespass; and
3. Maintains the site in a sanitary condition free from any trash or refuse; and
4. Provides a plan that explains, to the satisfaction of the Department, how the excavation site will be kept safe and secure.

You must refill and properly grade the excavation or meet the four requirements above.

You must also correct any specific conditions listed below. (See PM-307.1.2)

Important additional information:

If you fail to comply with this order the City may eliminate the unsafe condition(s) using its own forces or by contract and the owner will be billed for all costs incurred including an administrative fee. Failure to pay such bill will result in a lien being placed against the property. (See PM-307.6)

If you intend to appeal this violation, you must apply at Boards Administration, 11th Floor, Municipal Services Building, 1401 John F. Kennedy Blvd., Philadelphia, PA 19102, within five days of the date of this notice. You will need to refer to the account number on this notice to file an appeal. (See A-801.2)

Location: basement not properly backfilled after collapse of 2136 Market on to 2140 Market. bio-degradable material left in holes not allowed.

Unfilled basement is creating a hazard

The floor/ceiling assembly between the indicated and the floor below of the subject structure is partially collapsed and in imminent danger of further collapse. The structure has therefore been designated as imminently dangerous in accordance with Section 308 of the Philadelphia Property Maintenance Code. You must immediately repair the floor/ceiling assembly or demolish the structure in whole or in part. Please see additional important information below. [See PM-308.1]

Location: 1st floor-floors remaining after collapse of 2138 Market on to 2140 Market

Floors are imminently dangerous.



CITY OF PHILADELPHIA

DEPARTMENT OF LICENSES AND INSPECTIONS

CARLTON WILLIAMS, SR., COMMISSIONER
MICHAEL E. FINK, DEPUTY COMMISSIONER
MICHAEL MAENNER, DEPUTY COMMISSIONER

June 14, 2013

**STB INVESTMENTS CORP A PENNA CORP
STB INVESTMENTS CORP
C/O OSHTRY SUITE 313
1819 JOHN F KENNEDY BLVD
PHILADELPHIA, PA 19103-1733**

RE: 2136 Market Street - Violations Number 386016

Dear SIR OR MADAM:

Be advised that pursuant to Philadelphia Code Section A-805.2, the Department of Licenses and Inspections finds and hereby certifies that the violations and conditions that exist at the above-mentioned properties are immediately dangerous, and present hazards to the health, safety and welfare of the public at large. The violations must be corrected immediately.

Any appeal of these violations will not act as a stay of proceedings or enforcement.

Sincerely,

**Otis Haigler, Jr., Director
Neighborhood and Emergency Services**



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS

Contractual Services Unit
Municipal Services Building
1401 J.F. Kennedy Blvd.
Rm. 1140
Philadelphia, PA 19102

VIOLATION NOTICE

S T B INVESTMENTS CORP A PENNA CORP
STB INVESTMENTS CORP
C/O OSHTRY SUITE 313 1819 JOHN F KENNEDY BLV
PHILADELPHIA PA, 191031733

Case No: 386016

Subject Premises: 2136 MARKET ST

Date of Notice: 06/14/13

This is to inform you that the Department of Licenses and Inspections has inspected the subject premises and declared it **IMMINENTLY DANGEROUS**, in whole or in part, within the meaning of the Philadelphia Property Maintenance Code, Section PM-308.0 Imminently Dangerous Structures.

You are hereby ordered to **IMMEDIATELY** demolish or repair the said premises as necessary to correct the violations below.

If you fail to comply with this order, the City may demolish the structure and stucco the party walls exposed by demolition in accordance with all provisions of the Code. You, the owner, will be billed for all costs incurred including an administrative fee. Failure to pay such bill will result in the City filing a lien in the amount against the title to the premises and/or costs and charges being recovered by a civil action brought against you. (See PM-308.6)

THIS NOTICE IS FINAL. Once the city has begun demolition it will be necessary to secure legal action for you to halt that demolition.

If you intend to appeal this violation, you must apply at Boards Administration, Public Services 11th Floor, Municipal Services Building, 1401 John F. Kennedy Blvd., Philadelphia, PA 19102, within 5 days of the date of this notice. Telephone inquiries concerning appeal process can be directed to 215-686-2419. It is necessary that you submit a copy of this notice with the appeal. (See A-801.2)

If you have any questions regarding this notice, you may call the Contractual Services Unit at 215-686-2588.

Inspector MC CARTHY
Contractual Services Unit

VIOLATIONS:

The Department has inspected the construction excavation at this location and designated it as unsafe.

A construction excavation where no work has been done within the past six months shall be deemed unsafe, unless the developer or property owner:

1. Submits a report to the Department from a professional engineer registered in the Commonwealth of Pennsylvania certifying that the excavation is safe; and
2. Provides a suitable barrier to prevent trespass; and
3. Maintains the site in a sanitary condition free from any trash or refuse; and
4. Provides a plan that explains, to the satisfaction of the Department, how the excavation site will be kept safe and secure.

You must refill and properly grade the excavation or meet the four requirements above. You



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS

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Philadelphia, PA 19102

VIOLATION NOTICE

S T B INVESMENTS CORP A PENNA CORP
C/O OSHTRY SUITE 313 1819 JOHN F KENNEDY BLV
PHILADELPHIA PA, 191031733

must also correct any specific conditions listed below. (See PM-307.1.2)

Important additional information:

If you fail to comply with this order the City may eliminate the unsafe condition(s) using its own forces or by contract and the owner will be billed for all costs incurred including an administrative fee. Failure to pay such bill will result in a lien being placed against the property. (See PM-307.6)

If you intend to appeal this violation, you must apply at Boards Administration, 11th Floor, Municipal Services Building, 1401 John F. Kennedy Blvd., Philadelphia, PA 19102, within five days of the date of this notice. You will need to refer to the account number on this notice to file an appeal. (See A-801.2)

**Location: basement not properly backfilled after collapse of 2136 Market on to 2140
Unfilled. Missing cable at ground level hole, which is not allowed.**

Status NOT COMPLIED



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS

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PHILADELPHIA PA, 191031733

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Location: basement not properly backfilled after collapse of 2136 Market on to 2140 Market. This is a breathing area for hotels not allowed.

Status NOT COMPLIED

The floor/ceiling assembly between the indicated and the floor below of the subject structure is partially collapsed and in imminent danger of further collapse. The structure has therefore been designated as imminently dangerous in accordance with Section 308 of the Philadelphia Property Maintenance Code. You must immediately repair the floor/ceiling assembly or demolish the structure in whole or in part. Please see additional important information below. [See PM-308.1]

Location: 1st floor floors remaining after collapse of 2136 Market on to 2140 Market

Status NOT COMPLIED



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**Location: 1st floor floors remaining after collapse of 2136 Market on to 2140 Market
Floors are imminently dangerous.**

Status NOT COMPLIED



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

AIR MANAGEMENT SERVICES

File

For Official Use Only	Date Received 1	Date Received 2
Postmark Date: <u>6-21-13</u>	ASBESTOS CONTROL UNIT	
Project ID#: _____		
Permit #: <u>95242</u>		
Other #: _____		
Inspector: <u>448#1</u>		

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REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one):	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
	<input type="checkbox"/> Revision (highlight here, and changes)	<input type="checkbox"/> Phase of Annual Notification	
	<input type="checkbox"/> Postponement	<input type="checkbox"/> Cancellation	
	Date of Initial Notification or, if previously revised, date of last revision: _____		
2.	PROJECT LOCATION (check one):		
	<input type="checkbox"/> Allegheny County	<input checked="" type="checkbox"/> City of Philadelphia	<input type="checkbox"/> Other Location in PA (specify county): _____
3.	For Allegheny County and City of Philadelphia projects only:		
	A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)		
	B. For City of Philadelphia projects requiring a permit:		
	Asbestos project inspector: _____	Certification #: _____	
	Company name: _____		
	Address: _____		
	City: _____	State: _____	Zip: _____ Phone: _____
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).		
5.	TYPE OF OPERATION (check one):		
	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Abatement prior to Demolition
		<input type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation
6.	FACILITY DESCRIPTION: Job No.: <u>139-13</u> (see instructions)		
	Facility Name: <u>COMMERCIAL BUILDING</u>		
	Street/Rural Address: <u>2136-2138 MARKET ST</u>		
	City: <u>PHILA</u>	State: <u>PA</u>	Zip Code: <u>19103</u>
	Present use: <u>VACANT COMMERCIAL</u>	Prior use: <u>OCCUPIED COMMERCIAL</u>	
	Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Facility size in square feet: <u>8125 SF</u>	# of floors: <u>2</u>	Age in years: <u>+/-60YRS</u>
7.	ABATEMENT CONTRACTOR:		
	Company name: _____		
	Allegheny County or City of Philadelphia License # (if applicable): _____		
	Street/Rural/POB Address: _____		
	City: _____	State: _____	Zip: _____
	Contact: _____	Telephone No. (between 8:00 & 4:30): _____	

8. DEMOLITION CONTRACTOR:
 Company name: GEPPERT BROS. INC.
 Street/Rural/POB Address: 3101 TREWIGTOWN ROAD
 City: COLMAR State: PA Zip: 18915
 Contact: BILL GASS Telephone No. (between 8:00 & 4:30): 215-822-7900

9. FACILITY OWNER:
 Owner name: STB INVESTMENT CORP
 Street/Rural/POB Address: 300 W 43RD ST SUITE 400
 City: NEW YORK State: NY Zip: 10036
 Contact: _____ Telephone No. (between 8:00 & 4:30): 212-247-4910

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building inspector: KENNETH HUDSON Certification # 0321
 Date of inspection: 1/28/13 Is any material assumed to be asbestos? Yes No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:
PLM

Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT Yes No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.
 PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
		SEE ATTACHED				

Code *	Code **	Code ***	Code ****
Type of ACM	Units	Type of abatement	Final Clearance
FRI - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy
NF1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy
NF2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure	
(Note: Allegheny County treats all ACM as friable)		NON - None	

13. Is this project regulated by NESHAP Yes No
 A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable)

A. Asbestos abatement: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am _____ pm to _____ am _____ pm
 Days of week (check) Mo Tu We Th Fr Sa Su

B. Demolition: Start Date: 6/21/13 Completion Date: 12/31/13
 Daily hours of operation: 7:00 am pm to 5:00 am pm
 Days of week (check) Mo Tu We Th Fr Sa Su

C. Renovation: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am _____ pm to _____ am _____ pm
 Days of week (check) Mo Tu We Th Fr Sa Su

COMMENTS:

L & I HAS TOLD GEPPERT BROS. THIS COLLAPSED BUILDING IS PRIORITY AND TO START IMMEDIATELY.

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
COMPLETE DEMOLITION OF COLLAPSED COMMERCIAL BUILDING

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

17. WASTE TRANSPORTER(S)

A. Transporter #1 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

B. Transporter #2 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

- A. Landfill name: _____ DEP permit #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
- B. Landfill name: _____ DEP permit #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S)

- A. Company name/individual: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
- B. Final clearance firm: (if different than 19A) _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
Final clearance firm was hired by (check one) Contractor Owner
 Other Explain _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

- A. PCM company name/individual: _____ Certification #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____
- B. TEM company name: _____ Certification #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ am pm
Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: _____
Name of individual who ordered: _____ Title: _____
Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
Stop work immediately and contact the Owner.

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____ Certification #: _____
Contractor (Individual): _____ Certification #: _____
Supervisor: _____ Certification #: _____
Contractor (Firm) _____ Certification #: _____

***** SIGN BOTH STATEMENTS *****

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

William Gass 6/20/13
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: WILLIAM GASS Title: ADMINISTRATOR

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

William Gass 6/20/13
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: WILLIAM GASS Title: ADMINISTRATOR

FOR OFFICIAL USE ONLY



City of Philadelphia - Department of Public Health
Public Health Services - Air Management Services
Asbestos Control Unit - 321 University Av., 19104

Office Use Only

Date Received L&I:

Date Received AMS:

Date Inspected:

Inspector #

Asbestos Inspection Report

Name of Building: **HOAGIE CITY** Address: **2138-38 MARKET ST** Phone #: **610-207-7678**

Name of Building Owner: **STB INVESTMENT CORP** Address: **300 W. 43RD ST SUITE 400** Phone #: **212-2474910**
New York, NY 10036-4406

Name of Licensed Investigator: **Kenneth A. Hudron** License #: **0321** Phone #: **267-633-7141**

Name of Certified Lab: _____ License #: _____ Phone #: _____

Scope of Work: (include all locations)

No Asbestos Found

Could not complete the inspection because the building or a portion of has been declared imminently dangerous (ID) and in danger of collapse.
INVESTIGATOR MUST BE ON SITE DURING DEMOLITION

Asbestos Containing Material Present? Yes (List Below) No

List Asbestos Containing Material (ACM) located in the planned renovation/demolition area(s). Damaged ACM must be listed and then repaired or removed prior to renovation. You (Investigator) must label all ACM that may be left in the work area. Page 1 of

Location	Description	Type (Code 1)	Amount		Condition (Code 2)	Action (Code 3)
			Square	Linear		

KAH

Code 1
FRI - Friable
NF1 - Non-Friable, Cat. 1
NF2 - Non-Friable, Cat. 2

Code 2
DD - Deteriorated or Delaminated
ND - Non-Damaged

Code 3
REM - Removal necessary prior to Demo/Reno
NRN - No removal necessary, label ACM
REP - Repair & Label ACM, removal not necessary

I hereby certify that the foregoing statements are true and the information contained in this report is true. This certification is made subject to the penalties set forth in 18 PA. C.S.: §4904 relating to unsworn falsification to authorities. Furthermore I certify that the inspection, sampling, and labeling requirements of section X of the Asbestos Control Regulation (ACR) have been met. The building owner has been notified of the ACR requirements and given a copy of this report. If the inspection has revealed ACM which will be disturbed by the proposed work or if it has revealed ACM in bad condition, the building owner has been notified to remove or repair the ACM in accordance with the ACR prior to renovation or demolition activity.

Signature of Licensed Asbestos Investigator: *Kenneth A. Hudron*

Date: **7-28-13**

Signature of Building Owner: _____

Date: _____