27004	EM-AQB021 Rev. 11/2007 Pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION ASBESTOS ABATEMENT AND DE	EMOLITION/RENOVATION NOTIFICATION FORM
For	Official Use Only /	Date Received 1 JUN 23 AM 10: 45 Date Received 2
	nark Date: 412813	ASBESTOS CONTROL UNIT
Perm	ect ID#:95242	· · · · · · · · · · · · · · · · · · ·
Othe	r#:	
Inspe	r#: ector:448 =#/	
individ		the purposes of the Asbestos Occupations Accreditation and Certification Act unless nts as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of
REF	ER TO THE ATTACHED INSTRUCTIONS FOR INFO	ORMATION AND REQUIREMENTS.
1.	TYPE OF NOTIFICATION (check one):	Initial Annual Notification
	Revision (highlight here, and changes)	Phase of Annual Notification
	Postponement	Cancellation
		date of last revision:
2.	PROJECT LOCATION (check one):	ia Other Location in PA (specify county):
3.	notification and approved prior to the start of th B. For City of Philadelphia projects requiring a per	No (If Yes is checked, a permit application must be submitted along with this he project.) ermit: Certification #:
	City:	
4.		E APPLICABLE REGULATIONS BE USED?  Yes No prior to the start of the project. Please contact the appropriate DEP regional Instruction Sheet for contact list).
5.	TYPE OF OPERATION (check one):	Abatement prior to Demolition     Renovation     Emergency Renovation
6.	FACILITY DESCRIPTION:	Job No.: <u>139-13</u> (see instructions)
		State: PA Zip Code: 19103
		Prior use: OCCUPIED COMMERCIAL
	Will the facility be occupied during the abatement a	
	Facility size in square feet: <u>8125 SF</u>	• • •
7.	ABATEMENT CONTRACTOR:	
	•	# (if applicable):
	Street/Rural/POB Address:	
	City:	
Conta	act:	Telephone No. (between 8:00 & 4:30):

	AQ0021 11/2007							
8.	DEMOLITION CONTRACTOR		an <b>Man</b> ana an ann ann an ann an Aonaichtean an <sup>1</sup> annan an Aonaichtean ann ann ann an Aonaichtean ann an Aonaichtean ann ann ann ann ann ann ann ann ann					ad a sugar of frankland William
	Company name: GEPPERT	BROS. INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Street/Rural/POB Address: 3	101 TREWIGTO	OWN ROAD					······
	City: COLMAR		State:	PA		Zip: <u>189</u>	15	
	Contact: BILL GASS		ang kang mang mang mang mang mang mang mang m	Telepho	one No. (between 8:0	0 & 4:30):	215-822-79	900
9.	FACILITY OWNER:							
	Owner name: <u>STB INVESTM</u>		~			-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,		1999 - Angel - Martines - Charles - Martines
	Street/Rural/POB Address: 3		<b>_</b>					
		19. An				Zip: <u>1003</u>		, 
	Contact:			Telepho	one No. (between 8:0	0 & 4:30):	212-247-4	910
10.	FACILITY INSPECTION (requ							
	Building inspector: WILLIAM							
	Date of inspection: 6/272013				ssumed to be asbest		Yes 🗌	No
	Procedure, including analytical	method, if appr	ropriate, used to de	tect the pres	ence of asbestos ma	terial:		
	PLM		, 	· · · · · · · · · · · · · · · · · · ·				
	Building is ID and in danger	of collapse. A	n asbestos investig	ator will be o	n site during demoliti	on. (Philad	elphia only)	
11.	IS ANY TYPE OF ASBESTOS	PRESENT	🛛 Yes	□ No	If Yes, please list in	#12		
	FINAL AIR CLEARANCE MET PROVIDE INFORMATION IN SAME FORMAT.					- -	SSARY, US	ING THE
Code			Location of mate	erial	A see a sum A set			
	* Description of material		(room/floor/are		Amount of ACM	Code	Code ***	Code ****
	Description of material	SEE ATTACH			1	1 0000		
	Description of material	SEE ATTACH			1	1 0000		
	Description of material	SEE ATTACH			1	1 0000		
	Description of material	SEE ATTACH			1	1 0000		
	* Description of material	SEE ATTACH			1	1 0000		
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	* Description of material	SEE ATTACH			1	1 0000		
	* Description of material	SEE ATTACH			1	1 0000		
Code	* Co	de **	HED	•a)	ACM	1 0000		
Type o	* Co of ACM Uni	de ** ts	HED	•a)		1 0000		
Type o FRI - F NF1 - 0 NF2 - 0 (Note:	* Co of ACM Uni Friable ACM LF Cat I nonfriable ACM SF	de **	HED	•a)	ACM	st microsco	***	

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.

#### 2700-FM\_AQ0021 11/2007 Ŷ **OPERATION SCHEDULE(S) (as applicable)** 14. Completion Date: Asbestos abatement: Start Date: Α. 🗌 am 🗌 pm am pm Daily hours of operation: to □We 🗌 Fr 🗌 Sa 🗌 Su □ Mo Tu Days of week (check) Completion Date: 12/31/2013 Β. Demolition: Start Date: 6/28/2013 <u>7:00</u> \_ 🖾 am 🗌 pm 4:00 \_\_\_\_ 🖸 am 🛛 pm Daily hours of operation: to 🛛 We 🗌 Su 🖾 Mo 🖾 Tu 🛛 Th 🛛 Fr 🗌 Sa Days of week (check) Completion Date: \_\_ C. Renovation: Start Date: am pm am pm Daily hours of operation: to 🗌 Su Days of week (check) □ Mo 🗌 Tu □We 🗌 Th □ Fr 🗌 Sa 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.	WAS	STE TRANSPORTER(S)				
	Α.					.%-
		City:	State:			7
	В,	Transporter #2 name:				
		Street/Rural Address:				
		City:	State:	Zio:		
			Telephone:		s.	

18.	WAS	STE DISPOSAL SITE(S): (any asbestos contai	ning material)				
	Α.	Landfill name:		DEI	permit #:		
		Street/Rural Address:				<b></b>	
		City:	State:				
		Contact:		Telephone:			
	в.	Landfill name:	<u></u>	DE	<sup>&gt;</sup> permit #:		
		Street/Rural Address:					
		City:					
		Contact:		Telephone:			den 1944 - 1944 - 1944 - 1944 - 1944 - 1944
19.	AIR	MONITORING FIRM(S)					
	Α.	Company name/individual:					
		Street/Rural Address:	an de seu a mante a companya de la c		۲. 		
		City:	State:		Zip:		
		Contact:		Telephone:	,		
	В.	Final clearance firm: (if different than 19A) _ Street/Rural Address:					
		City:					
		Contact:		Telephone:			a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-
		Final clearance firm was hired by (check one)			مەرىپى مەرەپ مەرەپ يېرىكى بىرى بىرى بىرى بىرى بىرى بىرى بىرى		- <del>jes kulas 1.5 % - 1.5 %</del>
20.	AIR	SAMPLE FIRM(S) (City of Philadelphia projec					
	A.	PCM company name/individual:			tification #:		iter and the same description of the
		Street/Rural Address:	911 - 1994 - Marine Marine, Marine Marine, Marine Million, Marine Marine Marine Marine Marine Marine Marine Mar				
		City:	State:		Zip:		
		Contact:		Telephone:		****	
	В.	TEM company name:		Cert	tification #:		
		Street/Rural Address:					
		City:	State:		Zip:		
		Contact:			······		
21.	FOR	EMERGENCY RENOVATIONS:					
	Date	of emergency (mm/dd/yy):	Hour of e	emergency:		🗌 am	🗌 pm
	Desc	cription of the sudden, unexpected event:					
							÷.
				1979 - The Factor in the Contract of the Institute of the			2
	Expla	anation of how the event caused unsafe conditio	ns or would cause equi	ipment damage or an	unreasonable	financial bu	irden a
		nsequence of complying with the 10 working day	•				
						*	

2700-FM-AQ0021 11/2007

<u></u>			
22.	FOR ORDERED DEMOLITIONS (attach copy of order):		
	Government agency that ordered:		
	Name of individual who ordered:		
19	Date of order (mm/dd/yy):	Date ordered to begin (mm/dd/yy):	
23.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOM Stop work immediately and contact the Owner.		
24.	PENNSYLVANIA CERTIFICATIONS/LICENSES:		, <b>1997 - 1997 - 1997 - 1997 - 1997 - 1997</b> - Maria Maria Maria - Maria Maria - Maria Ma
	Project designer:	Certification #:	
	Contractor (Individual):		
	Supervisor:		
	Contractor (Firm)		
	BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAIL	ATION AND EVIDENCE THAT THE REQUIRED TRAININ ABLE FOR INSPECTION DURING ALL WORKING HOUR	
	BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAIL I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORD AGENCY RULES AND REGULATIONS.	ABLE FOR INSPECTION DURING ALL WORKING HOUR ANCE WITH ALL APPLICABLE FEDERAL, STATE AND	S, ANE LOCAI
	I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORD AGENCY RULES AND REGULATIONS.	ABLE FOR INSPECTION DURING ALL WORKING HOUR ANCE WITH ALL APPLICABLE FEDERAL, STATE AND	S, ANI LOCAI
	I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORD AGENCY RULES AND REGULATIONS.	ABLE FOR INSPECTION DURING ALL WORKING HOUR ANCE WITH ALL APPLICABLE FEDERAL, STATE AND	S, ANI LOCAI
26.	I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORD AGENCY RULES AND REGULATIONS. (Original Signature of Owner/Operator)	ABLE FOR INSPECTION DURING ALL WORKING HOUR ANCE WITH ALL APPLICABLE FEDERAL, STATE AND	S, ANE LOCAI
26.	I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORD AGENCY RULES AND REGULATIONS. (Original Signature of Owner/Operator) Printed Name of Owner/Operator: WILLIAM GASS I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS FORM ARE TRUE. THIS CERTIFICATION IS MADE SUB	ABLE FOR INSPECTION DURING ALL WORKING HOUR ANCE WITH ALL APPLICABLE FEDERAL, STATE AND	S, ANI LOCAI
26.	I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORD AGENCY RULES AND REGULATIONS. (Original Signature of Owner/Operator) Printed Name of Owner/Operator: WILLIAM GASS I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS FORM ARE TRUE. THIS CERTIFICATION IS MADE SUB RELATING TO UNSWORN FALSIFICATION TO AUTHORITI	ABLE FOR INSPECTION DURING ALL WORKING HOUR ANCE WITH ALL APPLICABLE FEDERAL, STATE AND $\frac{2}{27/13}$ (Date) Title: <u>ADMINISTRATOR</u> S AND THE INFORMATION CONTAINED IN THIS NOTIFIC JECT TO THE PENALTIES SET FORTH IN 18 PA C.S. ES. $\frac{2}{27/13}$	S, ANI LOCAI
26.	I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORD AGENCY RULES AND REGULATIONS. (Original Signature of Owner/Operator) Printed Name of Owner/Operator: WILLIAM GASS I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS FORM ARE TRUE. THIS CERTIFICATION IS MADE SUB RELATING TO UNSWORN FALSIFICATION TO AUTHORITI MAMMA (Original Signature of Owner/Operator)	ABLE FOR INSPECTION DURING ALL WORKING HOUR ANCE WITH ALL APPLICABLE FEDERAL, STATE AND $\frac{2}{27/13}$ (Date) Title: <u>ADMINISTRATOR</u> S AND THE INFORMATION CONTAINED IN THIS NOTIFIC JECT TO THE PENALTIES SET FORTH IN 18 PA C.S. ES. $\frac{2}{27/13}$ (Date) Title: <u>ADMINISTRATOR</u>	S, ANI LOCAI

Public	Health Servi	a - Department of Publi Icos - Air Management Unit - 321 University Av.	Services	¢ Orfy	Date Red	xived L&I:		te Received AMS:	
		ection Rep		Office Use Only	Date Insj	pected:	Ins	pector #	
Name of Building: N/A		denna elektronomia elektronomia en artika denna				urket Street a, PA		Phone N/A	#
Name of Building Ov STB Investments		mastratiniis), almik remisaltati ka ka historik sa dinastranya	an tha an tao an tao an tao an		W. 43 <sup>rd</sup>	Street, Sui NY 10036	te 400	Phone 212-2	# 47-491
Name of Licensed In William Otten	vestigator:	ter en		Licer 0524		en in senior and senior and senior and senior and senior and		Phone 610-8	# 9 <b>1-0</b> 114
Name of Certified La Accredited Enviro	b:	A STATE OF A		Licer 107				Phone 610-8	91-0114
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## VIOLATION NOTICE

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

Case No: 384361

S T B INVESMENTS 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 215-686-2419. 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 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.

a di



VIOLATION NOTICE

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

Case No: 386018

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

Ċ	ase No	8	386016
)ale o	<b>Notice</b>	<b>.</b>	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 egainst 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 218-686-2419. 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:



## VIOLATION NOTICE

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

Case No: 386016

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

A construction excevation 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 edministrative 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, blo-degradable material left in hotels 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 pert. Please see additional important information below. [See PM-308.1]

Location: 1st floor floors remaining after collapse of 2136 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

S T B 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



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

## VIOLATION NOTICE

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

### Case No: \_ 386016

Date of Notice:

e: 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.

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 11tl 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

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



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

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# 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:

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Location: basement not properly backfilled after collapse of 2136 Market on to 2140 UMilled, biocomputidable attrigradiation hole, which is not allowed.

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of

Status NOT COMPLIED



Contractual Services Unit Municipal Services Building 1401 J.F. Kennedy Bivd. Rm. 1140 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

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# Location: basement not properly backfilled after collapse of 2136 Market on to 2140 UMilled. Inicologina dable align in batterin holes not allowed.

## Status NOT COMPLIED

NOT COMPLIED

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

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

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

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4 of 4

Status NOT COMPLIED

2700-PM-AQ0021 Rev. 11/2007 pennsylvania	
	MOLITION/RENOVATION NOTIFICATION FORM
For Official Use Only	Date Received 1
Postmark Date: 6 21.13	ASBESTOS CONTROL UNIT
Project ID#:	
Permit #:95242	
Other #:	
	purposes of the Asbestos Occupations Accreditation and Certification Act unless as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of
REFER TO THE ATTACHED INSTRUCTIONS FOR INFOR	MATION AND REQUIREMENTS.
1. TYPE OF NOTIFICATION (check one):	Initial Annual Notification
Revision (highlight here, and changes)	Phase of Annual Notification
Postponement	
	e of last revision:
2. PROJECT LOCATION (check one):	
Allegheny County City of Philadelphia	Other Location in PA (specify county):
notification and approved prior to the start of the B. For City of Philadelphia projects requiring a perm Asbestos project inspector: Company name:	No (If Yes is checked, a permit application must be submitted along with this project.) it: Certification #:
Address: City:	State: Zip: Phone:
4. WILL ALTERNATIVE METHODS TO ANY OF THE A	
	or to the start of the project. Please contact the appropriate DEP regional
5. TYPE OF OPERATION (check one):	Abatement prior to Demolition
Demolition Ordered Demolition	Renovation     Emergency Renovation
6. FACILITY DESCRIPTION:	Job No.: <u>139-13</u> (see instructions)
-	
City: PHILA	State: PA Zip Code: 19103
	Prior use: OCCUPIED COMMERCIAL
Will the facility be occupied during the abatement activ	
Facility size in square feet: 8125 SF	
7. ABATEMENT CONTRACTOR:	
Company name:	
Allegheny County or City of Philadelphia License # (if	applicable):
Street/Rural/POB Address:	
City:	
Contact:	

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2700-F	-AQ0021 11/2007									11.122.01.121.01.121.01.121.01.121.01.121.01.121.01.121.01.121.01.121.01.121.01.121.01.121.01.121.01.121.01.12
8:	DEMOLITION CONTRA									
	Company name: GEPF							agent in Difference of the		
	Street/Rural/POB Addre									
	City: <u>COLMAR</u>							Zip: <u>1891</u> R 4:20):		
	Contact: BILL GASS	······			Ieleh		(between 8:00	& 4:30).	215-022-1	900
9.	FACILITY OWNER: Owner name: <u>STB INV</u>	FSTME								
	Street/Rural/POB Addre			SUITE 400	¢					
	City: <u>NEW YORK</u>								36	
	Contact:						 (between 8:00			
10.	FACILITY INSPECTION						(bomoon		Ac.1.55	
	Building inspector: KEN	• •				-	Certification	# 0321		
	Date of inspection: <u>1/20</u>									] No
1	Procedure, including and				-					
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	Building is ID and in a	danger (	of collapse	An achestos investi	nator will he	on site di	ring demolition	Philade	elnhia only)	1
	IS ANY TYPE OF ASBE			Yes			please list in #	· · · · ·		/
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14.	OPE	ERATION SCHEDULE(S) (as ap	plicable)							
	Α.	Asbestos abatement:		Start Date:				mpletion Da		
		Daily hours of operation: Days of week (check)	🗌 Mo	🗌 Tu	C We	] am 🗋 pm 🗍 Th	to ∏ Fr	🗌 Sa	[] [] Su	am 🗌 pn
	В.	Demolition: Daily hours of operation: Days of week (check)	🖾 Mo	Start Date: <u>7:00</u> ⊠ Tu		] am [] pm ⊠ Th	Co to ⊠ Fr	mpletion Da <u>5:00</u> Sa		13 am 🛛 pn
	C. COM	Renovation: Daily hours of operation: Days of week (check) MMENTS:	🗌 Мо	Start Date:	Manufacture and state of the st	] am 🔲 pm 📋 Th	Co to □ Fr	mpletion Da		am 🗌 pn
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2700	-FM-A	20021 <sup>3</sup> 11/2007	
18.	WAS	STE DISPOSAL SITE(S): (any asbestos contai	ining material)
	Α.	Landfill name:	
		Street/Rural Address:	
			State: Zip:
		Contact:	
	В.	Landfill name:	
	D.		
			Q4-4
			State: Zip:
		Contact:	Telephone:
19.	AIR	MONITORING FIRM(S)	
	Α.	Company name/individual:	
		Street/Rural Address:	
			State: Zip:
		Contact:	Telephone:
	В.		
			State: Zip:
		Contact:	
		Final clearance firm was hired by (check one)	) Contractor U Owner
20.	AIR	SAMPLE FIRM(S) (City of Philadelphia project	• 7
	Α.	PCM company name/individual:	
		Street/Rural Address:	
		City:	State: Zip:
		Contact:	Telephone:
	В.	TEM company name:	Certification #:
	υ.	Street/Rural Address:	
		City:	
		Contact:	Telephone:
21.	FOR	EMERGENCY RENOVATIONS:	
		of emergency (mm/dd/yy):	Hour of emergency: am
	Desc	cription of the sudden, unexpected event:	
	-		ons or would cause equipment damage or an unreasonable financial burden
	a cor	nsequence of complying with the 10 working day	y nouncauon requirement.

2700-FM-AQ0021 11/2007 22. FOR ORDERED DEMOLITIONS (attach copy of order): Government agency that ordered: Name of individual who ordered: Title: Date ordered to begin (mm/dd/yy): Date of order (mm/dd/vy): DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR 23. PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop work immediately and contact the Owner. PENNSYLVANIA CERTIFICATIONS/LICENSES: 24. Certification #: Project designer: Contractor (Individual): Certification #: Certification #: Supervisor: Certification #: Contractor (Firm) \* \* \* \* \* 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. 6/20/13 (Bate) (Original Signature of Owner/Operator) 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.** Willisa 6/20/13 (Original Signature of Owner/Operator) Printed Name of Owner/Operator: WILLIAM GASS \_\_\_\_\_\_ Title: ADMINISTRATOR\_\_\_\_\_ FOR OFFICIAL USE ONLY

- 5 -

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Public Health Se	phia - Department of Public H ervices - Air Management Se ol Unit - 321 University Av., 1		Date Received I	.&I:	Date Received AM	1\$;
Asbestos Ins	spection Repo	nt	Datc Inspected:		hispector #	
Name of Building:		Ad	lress .	,	Phone	:#
HOAGIE CITY	. 2136-3	38 MA	RKET ST	610	-207-7	678
Vanto of Building Owner:				-	Phone	
STB INVESTM	ENT CORP 1	New Va	TE YOD	0036.(	406 212	
Name of Licensed Investigator:	. /		ense #	•	Phone	
Kenneth A.	Andron	032	- (	26	76337	141
Name of Certified Lab:			ense #		' Phone	
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Scope of Work: (include all locat	tions)		······································	· · · · · · · · · · · · · · · · · · ·		
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Could not complete the inspe INVESTIGATOR MUST BE (	action because the building or a portion of ON SITE DURING DEMOLITIONI	of has been dec	lared imminently dange	erous (ID) <u>and</u>	In danger of collapse	).
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