



FIRE DEPARTMENT, CITY OF NEW YORK - BUREAU OF FIRE PREVENTION

INSPECTION ORDER

F# 165630⁰¹

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CO	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXPIRES
11/13/97	92049725	11	G	35	RD12	A		12/97

PLEASE INDICATE ANY OF
THESE COLUMN CHANGES
AT RIGHT

CHANGES	CHANGES	CHANGES	CHANGES
☐	☐	☐	☐

16⁰¹

☐ CHECK HERE FOR ANY
CHANGES AND INDICATE
BELOW OR ON REVERSE

CIO ☐ CIC ☐CIMA ☐ CIN ☐

VIO # D65837A

MORE VIOLATIONS EXIST

INSPECTION TYPE1

- 1 - SCHEDULED
- 2 - RE-INSPECTED
- 3 - REQUESTED
- 4 - COMPLAINT

PREMISES ADDRESS

AKA ADDRESS

C/O PAT MULLIGAN (MGR) *BENNY LO MARTO*
5 WORLD TRADE CENTER
NEW YORK, NY 10048

MAILING ADDRESS

ACCOUNT NAME

5 WORLD TRADE CENTER
NEW YORK, NY 10048

SBARRO REST CONCOURSE

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO.
864	30	1	RANGEHOOD ANNUAL INSPECTION	1
A FL -1*HOOD B FL *HOOD C FL *HOOD D FL *HOOD E FL *HOOD F FL				
NZ:APP NZ*APP NZ:APP NZ*APP NZ:APP NZ*APP NZ:APP NZ*APP NZ:APP NZ*APP NZ:APP NZ				
2 : *	:	:	:	:
0 : *	:	:	:	:
0 : *	:	:	:	:
:	:	:	:	:
:	:	:	:	:

COMMENTS (CIC)

WHDR-250/OP 7AM-11PM/KRS7005

TEL#212-488-6800/MGR.MOIMUL/

APIC-BENNY LOMARTO

ITEMS TO BE ADDED OR DELETED (CIC)

ITEM CODE	ITEM SUB-CODE	NEW QTY.	DESCRIPTION	FLOOR NO.
1				1
2				
3				
4				
5				
6				

STATUS CHECK AND COMPLETE

- ☐ APPROVED FOR PERMIT
☐ MINOR VIOLATIONS REPORTED

☐ VOID WITH REASONENTER CODE ☒ NOT APPROVED WITH REASONENTER CODE

D65837 RH7

Amman's served

NEXT INSPECTION SCHEDULED DATE

INDICATE CHANGES BELOW
PLEASE **PRINT** ALL INFORMATION

PREMISES ADDRESS

ADDITIONAL PREMISES INFO																								
STREET NUMBER							PREFIX																	
STREET NAME																								
TYPE				SUFFIX			ZIP							BORO										

AKA ADDRESS

STREET NUMBER							PREFIX											
STREET NAME																		
TYPE				SUFFIX														

ACCOUNT NAME (CIN) - OWNER NAME (CIO)

	X - IF CHANGE IN NAME ONLY	☐
	X - IF CHANGE IN OWNER	☐
DATE OF OWNER CHANGE		

MAILING ADDRESS (CIMA)

ADDITIONAL MAILING INFO																								
STREET NUMBER							PREFIX																	
STREET NAME																								
TYPE				SUFFIX			ZIP							BORO										

ENTER HERE FOR OUT OF TOWN ADDRESS (CIMA)

CITY													STATE			ZIP							
REMARKS																							

INSPECTOR	<u>V. Povolotsky</u>	DATE				INSPECTOR I.D.	<u>S 004197</u>	COMMENTS	<u>UNSAT</u>
EXAMINER	<u>X. Uras</u>	DATE					<u>710</u>		
ENTRY CLERK		DATE							<u>SUN# 226449849-</u>
AUDITOR		DATE							
INSPECTOR		DATE				INSPECTOR I.D.		COMMENTS	
EXAMINER		DATE							
ENTRY CLERK		DATE							
AUDITOR		DATE							

RANGEHOOD UNIT INSPECTION REPORTInspection Date: 02.02.98Account No. 92049725Folder No. 4RRestaurant Name: SBARRO REST CONCOURSEPremise Address: 5 WORLD TRADE CENTERBoro: MAN Zip: 10048Name of System: WHAR KIDE Model No. WHDRNo. of Cylinders: 2 Gals./Lbs. 2.5x2System Approved? ☒ Yes ☐ No F.D. Tag No. —Type of Inspection: ☐ 106 Initial ☒ ReinspectionWith Plans: — I.O.C.: — Referral: — V.O. No.: D65837Installation Conforms to Tag/Plans? ☐ Yes ☒ NoV.O.(s) Issued: D65837 RH Code: 7Approved Filters? ☒ Yes ☐ No Quarterly Cleaning? ☒ Yes ☐ NoSemi Annual Service By Authorized Contractor? ☒ Yes ☐ No FIRE MASERS
EXP 3.98Sketch / Cleaning & Operating Instructions? ☒ Yes ☐ NoN.O.V.(s) Issued: No.(s) —Comments: UNSATISFACTORY V.O.#D65837 (NOW)SUM # 226449849-311.6.1962672.928.457LOMANTO BENEDETTO

RHINS? (11/90)

11.06.02VADIM POVOLOTSKIY

Print Inspector's Name

Vadim Povolotskiy

Sign Inspector's Name



FIRE DEPARTMENT, CITY OF NEW YORK - BUREAU OF FIRE PREVENTION

REQUESTED

INSPECTION ORDER

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CO	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXPIRES
09/13/96	92049725	11	G	35	R012	X		12/96

PLEASE INDICATE ANY OF
THESE COLUMN CHANGES
AT RIGHT →

CHANGES	CHANGES	CHANGES	CHANGES
☐	☐	☐	☐

☐ CHECK HERE FOR ANY
CHANGES AND INDICATE
BELOW OR ON REVERSE

CIC ☐CIMA ☐ CIN ☐

INSPECTION TYPE

- 1 - SCHEDULED
2 - RE-INSPECTED
3 - REQUESTED
4 - COMPLAINT

VIO # 0223443

*MORE VIOLATIONS EXIST**

PREMISES ADDRESS

AKA ADDRESS

C/O PAT MULLIGAN (MGR)
5 WORLD TRADE CENTER
NEW YORK, NY 10048

BILLING ADDRESS

ACCOUNT NAME

5 WORLD TRADE CENTER
NEW YORK, NY 10048

33ARRO REST CONCOURSE

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO.	
364	00	1	RANGEHOOD ANNUAL INSPECTION	1	
000 A FL -1*HOOD	B FL *HOOD	C FL	*HOOD D FL	*HOOD E FL	*HOOD F FL
AP NZ:APP NZ*APP	NZ:APP NZ*APP	NZ:APP NZ*APP	NZ*APP NZ:APP	NZ*APP NZ:APP	NZ*APP NZ:APP NZ
IN 2 ✓	*	:	*	:	*
CT 0 ✓	*	:	*	:	*
FM 0 ✓	*	:	*	:	*
:	*	:	*	:	*
:	*	:	*	:	*

COMMENTS (CIC)

WHDR-250/OP HRS 7AM-11PM/

KRS-7005

✓ TEL #212-438-5300/MGR. MOIMUL/

APIC - BENNY Xolmanto

ITEMS TO BE ADDED OR DELETED (CIC)

ITEM CODE	ITEM SUB-CODE	NEW QTY.	DESCRIPTION	FLOOR NO.
1 864	00	01		
2				
3				
4				
5				
6				

STATUS CHECK AND COMPLETE

☐ APPROVED FOR PERMIT☐ VOID WITH REASON☐ MINOR VIOLATIONS REPORTED

ENTER CODE

☒ NOT APPROVED WITH REASON

ENTER CODE

NEXT INSPECTION SCHEDULED DATE

VIO #D 65837 RA-2

main VIO #D 22344B

RANGEHOOD UNIT INSPECTION REPORT

Inspection Date: 4-01-97 Account No. 920 497 25
 Restaurant Name: Sharro Rest Folder No. _____
 Premise Address: 15 World Trade Center
 Boro: Manhattan Zip: 10048

=====

Name of System: KIDDE Model No. KRS-WHDR
 No. of Cylinders: 2 Gals./Lbs. 250/700S
 System Approved? ☐ Yes ☒ No F.D. Tag No. none
 Type of Inspection: ☒ 106 Initial ☐ Reinspection
 With Plans: _____ I.O.C.: ☒ Referral: _____ V.O. No.: _____
 Installation Conforms to Tag/Plans? ☐ Yes ☒ No Tag
 V.O.(s) Issued: D. 65837 RH Code: RH-2

=====

Approved Filters? ☒ Yes ☐ No Quarterly Cleaning? ☒ Yes ☐ No
 Semi Annual Service By Authorized Contractor? ☒ Yes ☐ No
 Sketch / Cleaning & Operating Instructions? ☒ Yes ☐ No
 N.O.V.(s) Issued: No.(s) _____

=====

Comments: Inspection unsatisfactory at time
of inspection. RH-1 pending. No tags
Recind V.O.# D 22345 B issue new V.O.# 65837
RH-2.

Benny Lo Mando
Gen. Manager
 RHINSP (11/90)

Maryland Sunday Smith
 Print Inspector's Name
Maryland Sunday Smith
 Sign Inspector's Name

Fire Safe Director
Jim Corrigan

A-200 (12/82)

Bureau of Fire Prevention

COURT CASE RECORD

ACCOUNT NO. <u>92049725</u>		DISTRICT OFFICE NO. <u>35</u>		
ORDER NO. <u>D 65837</u>		ANSWER ALL QUESTIONS		UNIT NO. <u>RH</u>
(No Initials) PRINT FULL NAME OF PERSON SERVED	<u>LOCANO</u> <u>BENEDETTO</u>	DATE OF BIRTH <u>11.06.62</u> SEX <u>M</u>	OWNER, LESSEE OR PARTNER OF PREMISES AUTHORIZED PERSON IN CHARGE	PERSON SERVED IS <u>Authorized</u> <u>Person in charge</u>
WAS DEFENDANT SERVED PERSONALLY?	NOTE: This is accomplished by the physical giving of the summons TO THE PERSON NAMED on the summons. This item MUST be answered. YES ☒ NO ☐		IF CORP, CORP. NAME DEFENDANT, OFFICER'S NAME <u>N/A</u> GIVE TITLE	
VIOLATION PREMISES LOCATION	<u>5 WORLD TRADE</u> <u>center</u>	Borough <u>MAN</u>	Zip Code <u>10048</u>	PREMISES WHERE SUMMONS WAS SERVED (If different from violation location) <u>N/A</u>
TYPE OF OCCUPANCY	<u>COMM</u>	IF M.D. GIVE TYPE AND NUMBER OF UNITS <u>N/A</u>		NUMBER OF PE EMPLOYED <u>N/A</u>
NAME AND NATURE OF BUSINESS CONDUCTED	<u>SBARRO. Restaurant</u>	Phone No. <u>(212)</u> <u>488</u> <u>6800</u>	SIZE OF FLOOR <u>N/A</u>	FLOOR INVOLVED <u>1</u> NO. OF F IN BUIL <u>N/A</u>
NATURE OF VIOLATION	<u>Failed to comply</u> <u>with FIRE COMMISSIONER</u> <u>ORDER # D65837</u>	SECTION OF LAW VIOLATED <u>T 15.223.1</u>		NUMBER OF PREVIOUS INSPECTIONS BEFORE SERVICE OF SUMMONS
SUMMONS NO.	COURT RETURNABLE	DATE OF EVIDENCE	DATE SERVED	DATE RETURNABLE
<u>226449849-3</u>	<u>346 BROADWAY</u>	<u>02.02.98</u>	<u>02.02.98</u>	<u>04.16.98</u>
(No Initials) SERVED BY PRINT NAME - RANK - UNIT - GROUP NO.	<u>VADIM POVOLOTSKY</u> <u>FPI</u> <u>Inspector, RH</u>	DATES OF VACATION OR OTHER SCHEDULED LEAVES OF ALL WITNESSES <u>N/A</u>		
DID MEMBER WHO SERVE SUMMONS WITNESS VIOLATION?	<u>YES</u>	IF NOT - NAME, GR. NO., & RANK OF MEMBER WHO WITNESSED VIOLATION		<u>N/A</u>

.....(FOR ENFORCEMENT UNIT ONLY)

SUMMARY OF COURT ACTION

DATE	COURT	NAME OF MAGISTRATE	PLEA OF DEFENDANT	DISPOSITION OF CASE

WHERE APPLICABLE - ANSWER ALL QUESTIONS

WHERE NOT APPLICABLE - ANSWER "NOT APPLICABLE" USING LETTERS "N.A."

LIST EACH ITEM NOT COMPLIED WITH ON EACH ORDER, BY STANDARD FORM ORDER NUMBER ONLY, AS OF DATE OF EVIDENCE RE SUMMONS

VO # D65837
 ITEMS # 1 & 2

DATE VIOLATION ORDER WAS SERVED

4.11.97

BY WHOM VIOLATION ORDER WAS SERVED

M. Sunday Smith

TO WHOM VIOLATION ORDER WAS PHYSICALLY GIVEN

BENNY LOHANTO

STATE SPECIFIC AMOUNT, KIND AND
 CONDITION OF MATERIALS WHICH ARE
 SUBJECT MATTER OF COMPLAINT.
 SPECIFY AMOUNT OF RUBBISH
 IN CUBIC FEET

N/A

N/A

IS THERE A F.D. PERMIT NOW IN FORCE?

YES _____ IF YES

NO _____ PERMIT NO. _____

This must be filled in:

AMOUNT OF ANNUAL FEE

\$

N/A

DATE LAST PERMIT EXPIRED, IF ANY

N/A

LIST ALL OTHER SUBSTANCES OR APPLIANCES
 REQUIRING A PERMIT THAT ARE ON PREMISES
 WITHOUT A PERMIT. GIVE FEE THAT WOULD
 APPLY FOR THESE SUBSTANCES

SUBSTANCE

FEE

\$

N/A

\$

N/A

\$

STATE NATURE OF UNUSUAL HAZARD, IF ANY
 PRESENT

N/A

N/A

GIVE DATES AND AMOUNTS OF PREVIOUS FINES
 IF ANY, AGAINST PERSON SERVED SUMMONS

N/A

IF FOR SAME OFFENSE AS PRESENT SUMMONS, GIVE PARTICULARS

N/A

IF FOR FAILURE TO COMPLY GIVE ORDER NOS.

D65837

REMARKS:(LIST UNUSUAL CIRCUMSTANCES AND/OR CONDITIONS):

NOTE: This form to be forwarded in DUPLICATE, with single copy of order or orders and stub of summons served attached.

EXAMINED BY _____

SERVED AND PREPARED BY

FPI

Inspector

R.H.

Rank

Title

Unit

Rank

Title

Unit

A-200 (12/82)

Bureau of Fire Prevention

COURT CASE RECORD

ACCOUNT NO. <u>92049725</u>		DISTRICT OFFICE NO. <u>35</u>	
ORDER NO. <u>D 65837</u>		UNIT NO. <u>EA</u>	
ANSWER ALL QUESTIONS			
(No Initials) PRINT FULL NAME OF PERSON SERVED	<u>LOMANO</u> <u>BENEDETTO</u>	DATE OF BIRTH <u>11.06.62</u> SEX <u>M</u>	OWNER, LESSEE OR PARTNER OF PREMISES AUTHORIZED PERSON IN CHARGE <u>PERSON IN CHARGE</u>
PERSON SERVED IS <u>Authorized</u>			
WAS DEFENDANT SERVED PERSONALLY?	NOTE: This is accomplished by the physical giving of the summons TO THE PERSON NAMED on the summons. This item MUST be answered. YES ☒ NO ☐		IF CORP., CORP. NAME DEFENDANT, OFFICER'S NAME <u>N/A</u> GIVE TITLE
VIOLATION PREMISES LOCATION	<u>5 WORLD TRADE</u> <u>center</u>	Borough <u>MAN</u> Zip Code <u>10048</u>	PREMISES WHERE SUMMONS WAS SERV (If different from violation location) <u>N/A</u>
TYPE OF OCCUPANCY	<u>COMM</u>	IF M.D. GIVE TYPE AND NUMBER OF UNITS <u>N/A</u>	NUMBER OF F EMPLOYED <u>N/A</u>
NAME AND NATURE OF BUSINESS CONDUCTED	<u>SBARRO. RESTAURANT</u>	Phone No. <u>(212)</u> <u>488</u> <u>6820</u>	SIZE OF FLOOR <u>N/A</u> FLOOR INVOLVED <u>1</u> NO. OF IN BL <u>N/A</u>
NATURE OF VIOLATION	<u>Failed to comply</u> <u>with FIRE COMMISSIONER</u> <u>ORDER # D65837</u>	SECTION OF LAW VIOLATED	<u>T 15.223.1</u> NUMBER OF PREVIO INSPECTIONS BEFO SERVICE OF SUMMC
SUMMONS NO. <u>226449849-3</u>	COURT RETURNABLE <u>346 BROADWAY</u>	DATE OF EVIDENCE <u>02.02.98</u>	DATE SERVED <u>02.02.98</u> DATE RETURN <u>04.16.98</u>
(No Initials) SERVED BY PRINT NAME - RANK - UNIT - GROUP NO.	<u>VADIM Revolutsky</u> <u>FPI</u> <u>INSPECTOR, RH</u>	DATES OF VACATION OR OTHER SCHEDULED LEAVES OF ALL WITNESSES <u>N/A</u>	
DID MEMBER WHO SERVE SUMMONS WITNESS VIOLATION?	<u>YES</u>	IF NOT - NAME, GR. NO., & RANK OF MEMBER WHO WITNESSED VIOLATION	<u>N/A</u>

.....(FOR ENFORCEMENT UNIT ONLY)

SUMMARY OF COURT ACTION

DATE	COURT	NAME OF MAGISTRATE	PLEA OF DEFENDANT	DISPOSITION OF CASE



CROSS STREETS

CITY OF NEW YORK
FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
VIOLATION ORDER

A-10(D) (1/91) 72-910143-117-P

BATTALION

D.O. 35

D 65837

To 5 World Trade Center Sbarro Pizza
ADDRESS NAME OF OWNER, LEASEE, OCCUPANT, ETC.
Commercial / Rest 92049925
ROOM NO. OR FLOOR TYPE OF OCCUPANCY ACCOUNT NO.

Sir: An inspection this date of the above premises indicates the existence of the following violations under the enforcement jurisdiction of this Department. You are hereby directed to correct such violations by compliance with the following order:

RH-2

STANDARD ORDER FORM NO.	ITEM NO.	
<i>RH</i>	<i>1</i>	<i>Legalize the Kongswood Fire Extinguishing System by filing plans with the Dept of Building. Submit 3 plans and 3 applications from the Dept of Building to the Bureau of Fire Prevention Kongswood Unit for review and approval. Plans to be stamped by a registered architect or licensed professional engineer.</i>
<i>RH</i>	<i>2</i>	<i>Arrange for an inspection and test of the Fire Extinguishing System to be witnessed by a member of this department.</i>

Note: no tags or approval letter at time of inspection

If this order has not been complied with in, 30 days of the issuance date, A SUMMONS will be served for violations of the Administrative Code of the City of New York.

TO 25

FOR -NUMBERING

TO 24

FOR DISMISSAL

Thomas Von Essen
Fire Commissioner

This is to certify that I have made an inspection of said premises and have issued the above order to:

Benny Lozano Gen. Manager *212-488-68*
NAME OF PERSON WHO RECEIVED THIS ORDER TITLE PHONE #
M. Sunday Smith *4-11-97* *Suppression*
INSPECTOR DATE UNIT

Unit Address 250 Livingston St Unit Telephone 718-694-2508

CRIMINAL COURT OF THE CITY OF NEW YORK
COUNTY OF New York

INFORMATION DOCKET NO. _____

THE PEOPLE OF THE STATE OF NEW YORK

against
LOMANO BENEDETTO, Defendant.

Vadim Revokhtsky a Firefighter/Inspection Officer in the Fire Department of the City of New York being duly sworn, deposes and says that on 02.02.98 at SWORLD TRADE CENTER (address New York) (County), State of New York, ("the subject premises") the defendant committed following offenses: §26-248(g), §15-216 (a) and (b)/ §15-223.1 (a) and (b) of the NYC Admin. Code predicated up

<u>Admin Code Section</u>	<u>Offense</u>	<u>Admin Code Section</u>	<u>Offense</u>
A. <u>15-233-01</u>	<u>Failed to comply with fire comm. order</u>	D. _____	_____
B. _____	<u>D65837</u>	E. _____	_____
C. _____	_____	F. _____	_____

Defendant committed these offenses under the following circumstances:

On 02.02.98 (date), I personally observed that defendant was the (Owner/Lessee/Occupant/Manager) of the subject premises. Defendant stated to me he/~~she~~ was the MANAGER (Owner/Lessee/Occupant/Manager) of the subject premises.

COMPLETE SECTION I OR II:

I On the above date and at the subject premises I personally observed that defendant (cite specific FACTS support charge) _____

N/A

N/A

N/A

II On the above date and at the subject premises I personally observed that defendant failed to fully comply with Fire Commissioners Order # D65837 (a copy of which is annexed) to wit (cite specific facts support charge)

Failed to legalize the RANGEROOD FIRE
EXTINGUISHING SYSTEM by filing AND TESTING

On the 2ND day of FEB., 1998, I personally served an appearance ticket up
LOMANO BENEDETTO

FALSE STATEMENTS HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

DATED: 02.02.98

NEW YORK
COUNTY OF New York

Vadim Revokhtsky
Complainant's Signature