WTC Visual Survey Form 59 Murray

Premise Address: 61 Warren St

Block: **Lot:**	**Residential** ☒ **Commercial** ☒ **Mix Use** ☐ **Other** ☐ _____	**Name of Building:**
# of Stories: 6	**AKA's:**	

Building Owner/Management:
Name: **Telephone Number:** ( )
FAX: ( )

Address:

On Site Contact:
Name: **Telephone Number:** ( )

Building Owner Management Activities

- Interior Survey Performed ☐ Yes ☐ No
- Exterior Survey Performed ☐ Yes ☐ No
- General Clean Up ☐ Yes ☐ No Locations: _____
- ACM Clean Up ☐ Yes ☐ No Locations: _____
- Air Monitoring ☐ Yes ☐ No Locations: _____

Copies of All Reports and Data Requested ☐ Yes

Visual Inspection Results:

Facade:

		Inspected	Debris		
North	☐ N/A	☒ Yes ☐ No	☒ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
South	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
East	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
West	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Facade Description:

_____

_____

Roof

Debris: ☐ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"
Description: _____

_____

_____

Setbacks N/A ☐

Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Comments

_____

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_____

Date: ___/___/2002 **Inspection Team: Name:** _____ **Agency:** _____
Name: _____ **Agency:** _____

WTC Visual Survey Form 59 Murray

Premise Address: 59 Warren St

Block: **Lot:**	**Residential** ☒ **Commercial** ☒ **Mix Use** ☐ **Other** ☐ _____	**Name of Building:**
# of Stories:	**AKA's:**	

Building Owner/Management:
Name: **Telephone Number:** ( )
FAX: ( )
Address:

On Site Contact:
Name: **Telephone Number:** ( )

Building Owner Management Activities

- Interior Survey Performed ☐ Yes ☐ No
- Exterior Survey Performed ☐ Yes ☐ No
- General Clean Up ☐ Yes ☐ No Locations: _____
- ACM Clean Up ☐ Yes ☐ No Locations: _____
- Air Monitoring ☐ Yes ☐ No Locations: _____

Copies of All Reports and Data Requested ☐ Yes

Visual Inspection Results:

Facade:

		Inspected	Debris		
North	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
South	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
East	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
West	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Facade Description:

_____

_____

Roof

Debris: ☒ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"
Description: _____

_____

_____

Setbacks N/A ☐

Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Comments

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Date: ____/____/2002 **Inspection Team: Name:** _____ **Agency:** _____
Name: _____ **Agency:** _____

WTC Visual Survey Form

Premise Address: 57 Murray St

Block: **Lot:**	**Residential** ☐ **Commercial** ☒ **Mix Use** ☐ **Other** ☐	**Name of Building:** ROAD House
# of Stories: 3	**AKA's:**	

Building Owner/Management:
Name:
Telephone Number: (212) 619 4633
FAX: (Cell) 914 263-4307
Address:

On Site Contact:
Name: None
Telephone Number: ( )

Building Owner Management Activities

- **Interior Survey Performed** ☐ Yes ☐ No
- **Exterior Survey Performed** ☐ Yes ☐ No
- **General Clean Up** ☐ Yes ☐ No **Locations:**
- **ACM Clean Up** ☐ Yes ☐ No **Locations:**
- **Air Monitoring** ☐ Yes ☐ No **Locations:**

Copies of All Reports and Data Requested ☐ Yes

Visual Inspection Results:

Facade:

		Inspected	Debris		
North	☐ N/A	☒ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☒ > 1"
South	☐ N/A	☒ Yes ☐ No	☒ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
East	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
West	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Facade Description:

Roof

Debris: ☐ No Visible /Fine Layer ☒ ½ to 1" ☐ > 1"
Description:

Setbacks N/A ☐

Floor:	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor:	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor:	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor:	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor:	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Comments

Date: 5/14/2002 **Inspection Team: Name:** [illegible] **Agency:**
Name: **Agency:**

WTC Visual Survey Form

Premise Address: 59 Murray St.

Block: **Lot:**	**Residential** ☐ **Commercial** ☒ **Mix Use** ☐ **Other** ☐	**Name of Building:** NY DOLLS !!
# of Stories:	**AKA's:**	

Building Owner/Management: **Telephone Number:** ( )
Name: **FAX:** ( )

Address:

On Site Contact:
Name: **Telephone Number:** ( )

Building Owner Management Activities

- **Interior Survey Performed** ☐ Yes ☐ No
- **Exterior Survey Performed** ☐ Yes ☐ No
- **General Clean Up** ☐ Yes ☐ No **Locations:** _____
- **ACM Clean Up** ☐ Yes ☐ No **Locations:** _____
- **Air Monitoring** ☐ Yes ☐ No **Locations:** _____

Copies of All Reports and Data Requested ☐ Yes

Visual Inspection Results:

Facade:

		Inspected	Debris		
North	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
South	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
East	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
West	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Facade Description: _____

Roof

Debris: ☐ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"
Description: _____

Setbacks N/A ☐

Floor: ____	**Debris:** ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	**Debris:** ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	**Debris:** ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	**Debris:** ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	**Debris:** ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Comments

_____

Date: 5/11/2002 **Inspection Team: Name:** [illegible] **Agency:** _____
Name: _____ **Agency:** _____

WTC Visual Survey Form

Premise Address: 61 - 75 West Broadway

Block: **Lot:**	**Residential** ☒ **Commercial** ☒ **Mix Use** ☐ **Other** ☐	**Name of Building:**
# of Stories: 6	**AKA's:**	

Building Owner/Management:
Name: **Telephone Number:** ( )
FAX: ( )

Address:

On Site Contact:
Name: **Telephone Number:** ( )

Building Owner Management Activities

- Interior Survey Performed ☐ Yes ☐ No
- Exterior Survey Performed ☐ Yes ☐ No
- General Clean Up ☐ Yes ☐ No Locations: _____
- ACM Clean Up ☐ Yes ☐ No Locations: _____
- Air Monitoring ☐ Yes ☐ No Locations: _____

Copies of All Reports and Data Requested ☐ Yes

Visual Inspection Results:

Facade:

		Inspected	Debris		
North	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
South	☐ N/A	☒ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
East	☐ N/A	☒ Yes ☐ No	☐ No Visible/Fine Layer	☒ ½ to 1"	☐ > 1"
West	☐ N/A	☒ Yes ☐ No	☒ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Facade Description:

Roof

Debris: ☐ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"
Description: _____

Setbacks N/A ☐

Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Comments

Date: ___/___/2002 **Inspection Team: Name:** _____ **Agency:** _____
Name: _____ **Agency:** _____