

## WTC Visual Survey Form

|                                                                                            |                                                                          |                                         |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------|
| <b>Premise Address:</b> <u>53 MURRAY</u>                                                   |                                                                          |                                         |
| <b>Block:</b> <u>133</u>                                                                   | Residential <input type="checkbox"/> Commercial <input type="checkbox"/> | <b>Name of Building:</b>                |
| <b>Lot:</b> <u>11</u>                                                                      | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>          |                                         |
| <b># of Stories:</b> <u>5</u>                                                              | <b>AKA's:</b>                                                            |                                         |
| <b>Building Owner/Management:</b>                                                          |                                                                          | <b>Telephone Number:</b> (212) 382 3222 |
| <b>Name:</b> <u>Good Gate Realty</u>                                                       |                                                                          | <b>FAX:</b> ( )                         |
| <b>Address:</b>                                                                            |                                                                          |                                         |
| <b>On Site Contact:</b>                                                                    |                                                                          |                                         |
| <b>Name:</b>                                                                               |                                                                          | <b>Telephone Number:</b> ( )            |
| <b>Building Owner Management Activities</b>                                                |                                                                          |                                         |
| Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                                                          |                                         |
| Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                                                          |                                         |
| General Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____ |                                                                          |                                         |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____     |                                                                          |                                         |
| Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____   |                                                                          |                                         |
| <b>Copies of All Reports and Data Requested</b> <input type="checkbox"/> Yes               |                                                                          |                                         |

## Visual Inspection Results:

|                                                                                                                                                                                 |                                                        |                                                                     |                                                |                                             |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|-------------------------------|
| <b>Facade:</b>                                                                                                                                                                  |                                                        |                                                                     |                                                |                                             |                               |
|                                                                                                                                                                                 |                                                        | <b>Inspected</b>                                                    | <b>Debris</b>                                  |                                             |                               |
| North                                                                                                                                                                           | <input type="checkbox"/> N/A                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> No Visible/Fine Layer | <input checked="" type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| South                                                                                                                                                                           | <input type="checkbox"/> N/A                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"            | <input type="checkbox"/> > 1" |
| East                                                                                                                                                                            | <input type="checkbox"/> N/A                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"            | <input type="checkbox"/> > 1" |
| West                                                                                                                                                                            | <input type="checkbox"/> N/A                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"            | <input type="checkbox"/> > 1" |
| <b>Facade Description:</b> <u>Broken windows etc WINDOWS DIRTY</u>                                                                                                              |                                                        |                                                                     |                                                |                                             |                               |
| <b>Roof</b>                                                                                                                                                                     |                                                        |                                                                     |                                                |                                             |                               |
| <b>Debris:</b> <input type="checkbox"/> No Visible /Fine Layer <sup>light dust</sup> <input checked="" type="checkbox"/> ½ to 1" of dust <input type="checkbox"/> > 1" of dust. |                                                        |                                                                     |                                                |                                             |                               |
| <b>Description:</b> <u>INSPECTED FROM 53 MURRAY PARK R</u>                                                                                                                      |                                                        |                                                                     |                                                |                                             |                               |
| <b>Setbacks</b> N/A <input checked="" type="checkbox"/>                                                                                                                         |                                                        |                                                                     |                                                |                                             |                               |
| Floor: _____                                                                                                                                                                    | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                  |                                             |                               |
| Floor: _____                                                                                                                                                                    | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                  |                                             |                               |
| Floor: _____                                                                                                                                                                    | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                  |                                             |                               |
| Floor: _____                                                                                                                                                                    | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                  |                                             |                               |
| Floor: _____                                                                                                                                                                    | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                  |                                             |                               |
| <b>Comments</b> <u>RENOVATION INITIAL, ROAD CONST</u>                                                                                                                           |                                                        |                                                                     |                                                |                                             |                               |

Date: 011 27 /2002
 Inspection Team: Name: AL Agency: \_\_\_\_\_  
 Name: FRANK LK Agency: \_\_\_\_\_

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01/30/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
53..... MURRAY STREET..... 1 MANHATTAN 10007 BIN# 1001439  
DCP GEOGRAPHICAL INFORMATION:  
MURRAY STREET 53 - 53 HEALTH AREA : 77 TAX BLK: 133..  
CENSUS TRACT: 1003 TAX LOT: 11...  
COMMUNITY BD: 101 CONDO :  
MULTI STRUCT: 1 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : 53 MURRAY LLC C/O 53 MURRAY LLC C/O  
CORP. NAME : LPC LANDMARK STATUS: CALENDARED  
ADDRESS : 225 W 39TH ST DOB LOCAL LAW STATUS: NO  
NEW YORK NY 10018-3103  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 705,000  
BLDG SIZE; 0025.00 X 0098.00 TAX EXEMPT FLAG : NO  
LOT SIZE: 0025.00 X 0099.92 TAX EXEMPT CLASS:  
BLDG CLASS : 09 OFFICE BUILDING CITY OWNERSHIP : NO  
STORIES : 5 UPDATE DATE : 01/12/02  
FOR CITY } MGMT TYPE: MGMT CODE: MGMT CODE NAME:  
OWNERSHIP } MGMT HOLDER CODE: MGMT HOLDER CODE NAME:  
-----  
PF1 =PREV PF2 =MAIN PF7 = NEW ADDRESS PF8 = NEW BLK/LOT PF9 = NEW BIN

Date: 1/30/ 2 Time: 08:20:36 AM