

## WTC Visual Survey Form

1001042  
1079013

|                                                                                                   |                                                                          |                              |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> 113 Cedar St - Closed                                                     |                                                                          |                              |
| <b>Block:</b> 52                                                                                  | Residential <input type="checkbox"/> Commercial <input type="checkbox"/> | <b>Name of Building:</b>     |
| <b>Lot:</b> 7501                                                                                  | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>          |                              |
| <b># of Stories:</b>                                                                              | <b>AKA's:</b> 113-117 Cedar St / 110-114 Liberty                         |                              |
| <b>Building Owner/Management:</b> None                                                            |                                                                          | <b>Telephone Number:</b> ( ) |
| <b>Name:</b>                                                                                      |                                                                          | <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 <b>Locations:</b> _____ |                                                                          |                              |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Locations:</b> _____     |                                                                          |                              |
| Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Locations:</b> _____   |                                                                          |                              |
| <b>Copies of All Reports and Data Requested</b> <input type="checkbox"/> Yes                      |                                                                          |                              |

## Visual Inspection Results:

## Facade:

|                                               | Inspected                                                | Debris                                                                                                                   |
|-----------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| North <input checked="" 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"            |
| South <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 checked="" type="checkbox"/> > 1" |
| East <input checked="" 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 checked="" 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"            |

Facade Description:

Ledges very dirty

## Roof

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

Description: Inspected from roof of 100 Trinity Pl

Setbacks N/A ☐

|              |                                                                                                                       |
|--------------|-----------------------------------------------------------------------------------------------------------------------|
| 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" |

## Comments

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Date: 1/125/2002

 Inspection Team: Name: Carol Lutzmann  
 Name: \_\_\_\_\_ Agency: DCR

Page: 1 Document Name: Extra

02/05/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
110..... LIBERTY STREET..... 1 MANHATTAN 10006 BIN# 1001042  
DCP GEOGRAPHICAL INFORMATION:  
LIBERTY STREET 110 - 114 HEALTH AREA : 77 TAX BLK: 52...  
CEDAR STREET 113 - 117 CENSUS TRACT: 2001 TAX LOT: 7501.  
COMMUNITY BD: 101 CONDO :  
MULTI STRUCT: 1 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : BALDWIN REALTY, AGENT BALDWIN REALTY, AGENT  
CORP. NAME : LPC LANDMARK STATUS: NO  
ADDRESS : 113 CEDAR ST DOB LOCAL LAW STATUS: NO  
NEW YORK NY 10006-1061  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 801,513  
BLDG SIZE; \*\* UNKNOWN \*\* TAX EXEMPT FLAG : NO  
LOT SIZE: \*\* UNKNOWN \*\* TAX EXEMPT CLASS:  
BLDG CLASS : R0 CONDOMINIUMS 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:  
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PF1 =PREV PF2 =MAIN PF7 = NEW ADDRESS PF8 = NEW BLK/LOT PF9 = NEW BIN

Date: 2/5/ 2 Time: 12:34:37 PM