

## WTC Visual Survey Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> 112 Liberty St - Closed                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                              |
| <b>Block:</b> 52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> | <b>Name of Building:</b>     |
| <b>Lot:</b> 7501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>                     |                              |
| <b># of Stories:</b> 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>AKA's:</b>                                                                       |                              |
| <b>Building Owner/Management:</b> NOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | <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><br>Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>General Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No      Locations: _____<br>ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No      Locations: _____<br>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 checked="" 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" |
| 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 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>                                                                                                               |                                                        |                                                                     |                                                |                                  |                                          |
|                                                                                                                                          |                                                        |                                                                     |                                                |                                  |                                          |
|                                                                                                                                          |                                                        |                                                                     |                                                |                                  |                                          |
| <b>Roof</b>                                                                                                                              |                                                        |                                                                     |                                                |                                  |                                          |
| <b>Debris:</b> <input type="checkbox"/> No Visible /Fine Layer <input checked="" type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                                                        |                                                                     |                                                |                                  |                                          |
| <b>Description:</b> Inspected from roof of 100 Trinity Pl                                                                                |                                                        |                                                                     |                                                |                                  |                                          |
|                                                                                                                                          |                                                        |                                                                     |                                                |                                  |                                          |
| <b>Setbacks</b> N/A <input 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>                                                                                                                          |                                                        |                                                                     |                                                |                                  |                                          |
|                                                                                                                                          |                                                        |                                                                     |                                                |                                  |                                          |
|                                                                                                                                          |                                                        |                                                                     |                                                |                                  |                                          |
|                                                                                                                                          |                                                        |                                                                     |                                                |                                  |                                          |

Date: 1/15/2002

Inspection Team: Name: CARL LUTCHMAN

Agency: DCP

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01/29/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
112..... 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: 1/29/ 2 Time: 05:10:33 PM