WTC Visual Survey Form

Premise Address: 14 Maiden Lane

Block: **Lot:**	Residential ☒ Commercial ☐ Mix Use ☐ Other ☐ _____	**Name of Building:**
# of Stories: 10	**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: Lower portion of South facade not visible.

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: 5/15/2002 **Inspection Team: Name:** Carl **Agency:** _____
Name: _____ **Agency:** _____

WTC Visual Survey Form

Premise Address: 14 Maiden Lane		
Block: 64 **Lot:** 23	**Residential** ☒ **Commercial** ☐ **Mix Use** ☐ **Other** ☐ _____	**Name of Building:**
# of Stories: 10	**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: Lower portion of South facade not visible.

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"
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Comments

Date: 5/15/2002 **Inspection Team: Name:** Carl **Agency:** _____

Name: _____ **Agency:** _____

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