WTC Visual Survey Form

1061964

Premise Address: ~~59 Worth St~~ 56, Leonard St

Block: 176 **Lot:** 26	**Residential** ☐ **Commercial** ☒ **Mix Use** ☐ **Other** ☐	**Name of Building:**
# of Stories:	**AKA's:**	

Building Owner/Management:
Name: [redacted]
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: cleaned

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 INTERIOR

Date: 5/17/2002 **Inspection Team: Name:** AL **Agency:** _____
Name: _____ **Agency:** _____

WTC Visual Survey Form 100196 100196

Premise Address: 173-175 W. Broadway

Block: 136 **Lot:** 14	**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: cleaned

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

N.T.F.S.

Date: 5/17/2002 **Inspection Team: Name:** AC **Agency:** _____
Name: _____ **Agency:** _____

The City of New York
Department of Environmental Protection
59-17 Junction Boulevard
Corona, New York
11368-5107

Joel A. Miele Sr., P.E.
Commissioner

Robert C. Avaltroni
Deputy Commissioner
Bureau of
Environmental Compliance
Tel (718) 595-4418
Fax (718) 595-4422

May 17, 2002

Building Owner Name: _____

Address: 173 W. Broadway
NYC

Subject: _____

Dear Sir/ Madam:

In September 2001, the New York City Department and Environmental Protection (NYC DEP) and the Department of Health (NYC DOH) advised building owners regarding building maintenance and re-occupancy issues following the collapse of the World Trade Center. The steps included the professional assessment of building contamination for possible hazardous components, including asbestos, and a retrospective filing, as required, if applicable.

The NYC DEP is hereby requesting copies of the environmental hazard assessments including bulk sample results and air monitoring results and a summary of clean-up activities at the above referenced site. Please forward the requested documents to our offices within FIVE BUSINESS DAYS. They may be faxed to (718) 595-3744 or sent to the NYC DEP Asbestos Control Program at 59-17 Junction Boulevard, 8th floor, Corona, New York 11373-5108.

Please be advised building owners are responsible for the cleaning of building exteriors, grounds, and common areas. Adherence to proper cleaning methods is important for the protection of public health and the environment. DEP inspectors will be following up on this matter.

If you have any questions, you may reach the Department at (718) 595-3682 during office hours or the 24-hour Help Center at (718) DEP-HELP. DEP staff is available to provide guidance and technical assistance.

Sincerely,

R. Radhakrishnan, P.E.
Director
Asbestos Control Program

www.nyc.gov/dep
(718) DEP-HELP

Page: 1 Document Name: Extra

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05/21/02                N.Y.C. DEPARTMENT OF BUILDINGS                   BISPIQ31
          MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY
33'......... WORTH STREET.................. 1 MANHATTAN     10013 BIN# 1001963
DCP GEOGRAPHICAL INFORMATION:
WORTH STREET          33 - 33              HEALTH AREA : 77     TAX BLK: 176..
WEST BROADWAY         171 - 173            CENSUS TRACT:  2008  TAX LOT: 13...
                                           COMMUNITY BD: 101    CONDO  :
                                           MULTI STRUCT: 1      CUI NO :
DOF OWNER NAME & ADDRESS FROM BILLING FILE:  DOF OWNER NAME FROM PROPERTY FILE
 OWNER NAME : DOVER EQUITIES                   DOVER EQUITIES
 CORP. NAME :                                LPC LANDMARK  STATUS: NO
 ADDRESS    : 170      CHANGEBRIDGE RD       DOB LOCAL LAW STATUS: YES
              MONTVILLE NJ 07045-9115
DOF BUILDING INFORMATION:                      TRANS LAND VALUE: 502,000
 BLDG SIZE: 0026.00  X  0050.00                TAX EXEMPT FLAG : NO
 LOT  SIZE: 0026.17  X  0050.25                TAX EXEMPT CLASS:
 BLDG CLASS : 09 OFFICE BUILDING               CITY OWNERSHIP  : NO
 STORIES    : 5                                UPDATE DATE     : 03/25/02
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: 5/21/ 2 Time: 12:24:19 PM

Block: , Lot: , BIN:	Block: , Lot: , BIN:	Block: , Lot: , BIN:
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