

## WTC Visual Survey Form

|                                                                                            |                                                                                                |                              |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> 75 West St - Closed                                                |                                                                                                |                              |
| <b>Block:</b>                                                                              | Residential <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> | <b>Name of Building:</b>     |
| <b>Lot:</b>                                                                                | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>                                |                              |
| <b># of Stories:</b>                                                                       | <b>AKA's:</b>                                                                                  |                              |
| <b>Building Owner/Management:</b>                                                          |                                                                                                | <b>Telephone Number:</b> ( ) |
| <b>Name:</b>                                                                               |                                                                                                | <b>FAX:</b> ( )              |
| <b>Address:</b>                                                                            |                                                                                                |                              |
| <b>On Site Contact:</b>                                                                    |                                                                                                | <b>Telephone Number:</b> ( ) |
| <b>Name:</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:

## Facade:

North ☐ N/A  
 South ☐ N/A  
 East ☒ N/A  
 West ☐ N/A

## Inspected

☒ Yes ☐ No  
☒ Yes ☐ No  
☐ Yes ☐ No  
☒ Yes ☐ No

## Debris

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

Facade Description:

## Roof

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

Setbacks N/A ☐

Floor: \_\_\_\_\_  
 Floor: \_\_\_\_\_  
 Floor: \_\_\_\_\_  
 Floor: \_\_\_\_\_  
 Floor: \_\_\_\_\_

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

## Comments

Date: 1/26/2002

Inspection Team: Name: CARL

Name: \_\_\_\_\_

Agency: DCP

Agency: \_\_\_\_\_

Page: 1 Document Name: Extra

01/30/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
75..... WEST STREET..... 1 MANHATTAN 10006 BIN# 1001060  
DCP GEOGRAPHICAL INFORMATION:  
WEST STREET 75 - 75 HEALTH AREA : 77 TAX BLK: 55...  
WEST STREET 70 - 70 CENSUS TRACT: 3006 TAX LOT: 14...  
WEST STREET 72 - 72 COMMUNITY BD: 101 CONDO :  
WEST STREET 74 - 74 MULTI STRUCT: 1 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : WILF LEONARD A WILF LEONARD A  
CORP. NAME : J HILL ASSOCIATES LPC LANDMARK STATUS: NO  
ADDRESS : 820 MORRIS TPKE DOB LOCAL LAW STATUS: NO  
SHORT HILLS NJ 07078-2624  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 10,300,000  
BLDG SIZE; 0133.00 X 0173.00 TAX EXEMPT FLAG : NO  
LOT SIZE: 0133.42 X 0180.08 TAX EXEMPT CLASS:  
BLDG CLASS : D8 ELEVATOR APT CITY OWNERSHIP : NO  
STORIES : 7 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: 12:34:33 PM