

WTC Visual Survey Form

Premise Address: <u>120 Chambers</u>		
Block:	Residential ☐ Commercial ☐	Name of Building:
Lot:	Mix Use ☒ Other ☐	
# of Stories: <u>5</u>	AKA's: <u>SO Warren</u>	
Building Owner/Management:		Telephone Number: ()
Name:		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: <u>INSPECTED FROM STREET</u>					
Roof					
Debris: ☒ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"					
Description: <u>INSPECTED FROM 114</u>					
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 <u>CHAMBERS ST TO WARREN</u>					

Date: 01/26 /2002Inspection Team: Name: AL

Agency: _____

Name: HORTONAgency: DOL

A 2.4 2.1

Date: 1/30/ 2 Time: 11:58:40 AM

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