

# WTC Visual Survey Form

|                                                                                                       |                                                                                     |                                                |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------|
| <b>Premise Address:</b> <u>333 Rector Pl</u>                                                          |                                                                                     |                                                |
| <b>Block:</b>                                                                                         | Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> | <b>Name of Building:</b>                       |
| <b>Lot:</b>                                                                                           | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>                     |                                                |
| <b># of Stories:</b> <u>13</u>                                                                        | <b>AKA's:</b>                                                                       |                                                |
| <b>Building Owner/Management:</b>                                                                     |                                                                                     | <b>Telephone Number:</b> <u>(212) 375-1155</u> |
| <b>Name:</b> <u>Milford Management</u>                                                                |                                                                                     | <b>FAX:</b> ( )                                |
| <b>Address:</b> <u>Rockrose Development Corp</u>                                                      |                                                                                     |                                                |
| <b>On Site Contact:</b>                                                                               |                                                                                     |                                                |
| <b>Name:</b>                                                                                          |                                                                                     | <b>Telephone Number:</b> ( )                   |
| <b>Building Owner Management Activities</b>                                                           |                                                                                     |                                                |
| Interior Survey Performed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |                                                                                     |                                                |
| Exterior Survey Performed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |                                                                                     |                                                |
| General Clean Up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____ |                                                                                     |                                                |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____                |                                                                                     |                                                |
| Air Monitoring <input checked="" 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 type="checkbox"/> > 1" |
| South                                                                                                                                                                | <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 type="checkbox"/> > 1" |
| East                                                                                                                                                                 | <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 type="checkbox"/> > 1" |
| West                                                                                                                                                                 | <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 type="checkbox"/> > 1" |
| <b>Facade Description:</b> <u>Smth windows etc No visible debris</u>                                                                                                 |                                                        |                                                                     |                                                |                                  |                               |
|                                                                                                                                                                      |                                                        |                                                                     |                                                |                                  |                               |
| <b>Roof</b>                                                                                                                                                          |                                                        |                                                                     |                                                |                                  |                               |
| <b>Debris:</b> <input checked="" type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" <u>1 dust</u> <input type="checkbox"/> > 1" <u>1 dust</u> |                                                        |                                                                     |                                                |                                  |                               |
| <b>Description:</b> _____                                                                                                                                            |                                                        |                                                                     |                                                |                                  |                               |
|                                                                                                                                                                      |                                                        |                                                                     |                                                |                                  |                               |
| <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>                                                                                                                                                      |                                                        |                                                                     |                                                |                                  |                               |
| <u>No visible debris on the roof</u>                                                                                                                                 |                                                        |                                                                     |                                                |                                  |                               |
| <u>and facade</u>                                                                                                                                                    |                                                        |                                                                     |                                                |                                  |                               |
|                                                                                                                                                                      |                                                        |                                                                     |                                                |                                  |                               |
|                                                                                                                                                                      |                                                        |                                                                     |                                                |                                  |                               |

Date: 1/28/2002
 Inspection Team: Name: AC Agency: DEP  
 Name: ROL Agency: DEP

A2R21

## WTC Visual Survey Form

|                                                                                                       |                                                                                     |                                                |
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| <b>Block:</b>                                                                                         | Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> | <b>Name of Building:</b>                       |
| <b>Lot:</b>                                                                                           | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>                     |                                                |
| <b># of Stories:</b> <u>13</u>                                                                        | <b>AKA's:</b>                                                                       |                                                |
| <b>Building Owner/Management:</b>                                                                     |                                                                                     | <b>Telephone Number:</b> <u>(212) 375-1155</u> |
| <b>Name:</b> <u>Milford Management</u>                                                                |                                                                                     | <b>FAX:</b> ( )                                |
| <b>Address:</b> <u>Rockrose Development Corp</u>                                                      |                                                                                     |                                                |
| <b>On Site Contact:</b>                                                                               |                                                                                     |                                                |
| <b>Name:</b>                                                                                          |                                                                                     | <b>Telephone Number:</b> ( )                   |
| <b>Building Owner Management Activities</b>                                                           |                                                                                     |                                                |
| Interior Survey Performed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |                                                                                     |                                                |
| Exterior Survey Performed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |                                                                                     |                                                |
| General Clean Up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____ |                                                                                     |                                                |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____                |                                                                                     |                                                |
| Air Monitoring <input checked="" 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 type="checkbox"/> > 1" |
| South                                                                                                                                                                           | <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 type="checkbox"/> > 1" |
| East                                                                                                                                                                            | <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 type="checkbox"/> > 1" |
| West                                                                                                                                                                            | <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 type="checkbox"/> > 1" |
| <b>Facade Description:</b> <u>Broken windows etc No visible debris</u>                                                                                                          |                                                        |                                                                     |                                                |                                  |                               |
|                                                                                                                                                                                 |                                                        |                                                                     |                                                |                                  |                               |
| <b>Roof</b>                                                                                                                                                                     |                                                        |                                                                     |                                                |                                  |                               |
| <b>Debris:</b> <input checked="" type="checkbox"/> No Visible /Fine Layer <sup>Light dust</sup> <input type="checkbox"/> ½ to 1" of dust <input type="checkbox"/> > 1" of dust. |                                                        |                                                                     |                                                |                                  |                               |
| <b>Description:</b> _____                                                                                                                                                       |                                                        |                                                                     |                                                |                                  |                               |
|                                                                                                                                                                                 |                                                        |                                                                     |                                                |                                  |                               |
| <b>Setbacks</b> <input type="checkbox"/> N/A                                                                                                                                    |                                                        |                                                                     |                                                |                                  |                               |
| 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>                                                                                                                                                                 |                                                        |                                                                     |                                                |                                  |                               |
| <u>No visible debris on the roof</u>                                                                                                                                            |                                                        |                                                                     |                                                |                                  |                               |
| <u>and facade</u>                                                                                                                                                               |                                                        |                                                                     |                                                |                                  |                               |
|                                                                                                                                                                                 |                                                        |                                                                     |                                                |                                  |                               |
|                                                                                                                                                                                 |                                                        |                                                                     |                                                |                                  |                               |

Date: 1/28/2002Inspection Team: Name: ALName: RLAgency: DEPAgency: DEP

Page: 1 Document Name: Extra

ADDRESS EXISTS WITH A.K.A.S WHICH HAVE THE SAME BIN

01/30/02 PUBLIC ACCESS PROPERTY PROFILE OVERVIEW BISPIQ70  
333..... RECTOR PLACE..... 1 MANHATTAN 10280 BIN# 1000055

RECTOR PLACE 303 - 333 HEALTH AREA : 89 TAX BLK: 16...  
SOUTH END AVENUE 213 - 215 CENSUS TRACT: 31701 TAX LOT: 80...  
COMMUNITY BD: 101 CONDO :  
MULTI STRUCT: 01 VACANT :

=====

|                          |                      |                    |
|--------------------------|----------------------|--------------------|
| DOB SPECIAL PLACE NAME : | 1                    | PROPERTY RECORD(S) |
| DOB BUILDING REMARKS :   |                      |                    |
| FINANCE OCCUPANCY CODE : | Y7-GOVERNMENT INSTAL | LANDMARK STATUS:   |

|                     |      |                    |                   |
|---------------------|------|--------------------|-------------------|
| COUNTS FOR THIS BIN |      |                    | RECORD VERIFIED : |
| ACTIONS             | : 19 | , 9                | SPECIAL STATUS :  |
| VIOLATIONS DOB      | : 6  | , 0                | LOCAL LAW :       |
| ECB                 | : 3  | , 0                | SRO :             |
| COMPLAINTS          | : 2  | , 0                |                   |
|                     |      | JOBS/FILINGS (PF4) |                   |
|                     |      | OPEN               |                   |
|                     |      | OPEN (PF12)        |                   |
|                     |      | OPEN (PF11)        |                   |

|                               |                    |                                   |
|-------------------------------|--------------------|-----------------------------------|
| PF 3 = ELEVATORS              | ENTER KEY= ACTIONS | PF 5/6/7 = NEW ADDR/BIN/BLK-LOT   |
| PF 8 = BOILERS                | (TYPE : .... )     | PF 9/10 = BROWSE BIN/BLK-LOT      |
| PF 13 = PRA/ARA               |                    | PF 15 = BROWSE 1 PROPERTY RECORDS |
| PF 14 = LPC/HPD/LOFT USE ONLY |                    | PF 16 = ADDTN'L PROPERTY INFO     |

Date: 1/30/ 2 Time: 01:38:31 PM