WTC Visual Survey Form

Premise Address: 320 Albany St 324, 328, 332, 336, 340

Block: 16 **Lot:** 7502 | Residential ☒ Commercial ☐ Mix Use ☐ Other ☐ | **Name of Building:**

# of Stories: 4 | **AKA's:**

Building Owner/Management:
Name: Ky Management Co Inc | Telephone Number: (212) 534-7777 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: Brown windows ok No visible debris

Roof

Debris: ☒ No Visible /Fine Layer (light dust) ☐ ½ to 1" (1 test) ☐ > 1" (1 test)
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: 1/28/2002 Inspection Team: Name: AL Agency: DEP
Name: Rob Agency: DEP

ENTERED

Page: 1 Document Name: Extra

```
01/29/02                N.Y.C. DEPARTMENT OF BUILDINGS                  BISPIQ31
          MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY
320..... ALBANY STREET..... 1 MANHATTAN     10280 BIN# 1000301
DCP GEOGRAPHICAL INFORMATION:
ALBANY STREET        320 - 350             HEALTH AREA : 89     TAX BLK: 16...
                                           CENSUS TRACT: 19016  TAX LOT: 7502.
                                           COMMUNITY BD: 101    CONDO  :
                                           MULTI STRUCT: 1      CUI NO :
DOF OWNER NAME & ADDRESS FROM BILLING FILE:  DOF OWNER NAME FROM PROPERTY FILE
 OWNER NAME : DAVID S COLLIER                  DAVID S COLLIER
 CORP. NAME :                                LPC LANDMARK  STATUS: NO
 ADDRESS    : 320      ALBANY STREET         DOB LOCAL LAW STATUS: NO
              NEW YORK NY 10280
DOF BUILDING INFORMATION:                      TRANS LAND VALUE: 0
 BLDG SIZE; ** UNKNOWN **                      TAX EXEMPT FLAG : YES
 LOT  SIZE: ** UNKNOWN **                      TAX EXEMPT CLASS:
 BLDG CLASS : R4 CONDOMINIUMS                  CITY OWNERSHIP  : NO
 STORIES    : 0                                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: 1/29/ 2 Time: 10:48:08 AM

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# of Stories: 4	**AKA's:**	

Building Owner/Management:
Name: Ky Management Co Inc
Telephone Number: (212) 534-7771
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		
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Facade Description: Brown windows etc No visible debris

Roof

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Comments

Date: 1/28/2002
Inspection Team: Name: AL Agency: DEP
Name: Rob Agency: DEP

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# of Stories: 4	**AKA's:**	

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Name: Ky Management Co Inc **Telephone Number:** (212) 534-7777 **FAX:** ( )
Address:

On Site Contact:
Name: **Telephone Number:** ( )

Building Owner Management Activities

- Interior Survey Performed ☑ Yes ☐ No
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- 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		
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Comments

Date: 1/28/2002 **Inspection Team: Name:** AL **Agency:** DEP
Name: Rob **Agency:** DEP