WTC Visual Survey Form

Premise Address: 21 ANN STREET

Block: 90 **Lot:** 21	Residential ☐ Commercial ☒ Mix Use ☐ Other ☐ _____	**Name of Building:**
# of Stories: 2	**AKA's:**	

Building Owner/Management Name: 21 ANN ST. CORP **Telephone Number:** (212) 267-9760
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: DEBRIS FOUND ON HORIZONTAL LEDGES

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

Date: 06 / 11 /2002 **Inspection Team: Name:** DA / A020 **Agency:** NYC DEP
Name: _____ **Agency:** _____