

# WTC Visual Survey Form

|                                                                                            |                                                                                     |                              |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> <u>116 - 119 South 8th</u>                                         |                                                                                     |                              |
| <b>Block:</b>                                                                              | Residential <input 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> <u>Paris Cafe</u>                                                             |                                                                                     | <b>FAX:</b> ( )              |
| <b>Address:</b>                                                                            |                                                                                     |                              |
| <b>On Site Contact:</b>                                                                    |                                                                                     |                              |
| <b>Name:</b>                                                                               |                                                                                     | <b>Telephone Number:</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:

|                                                                |                              |                                                                                                                           |                                                          |                                                |                                                                                                               |
|----------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Facade:</b>                                                 |                              |                                                                                                                           |                                                          |                                                |                                                                                                               |
| North                                                          | <input type="checkbox"/> N/A | <b>Inspected</b>                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Debris</b>                                  | <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |
| South                                                          | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                  | <input 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 type="checkbox"/> Yes <input type="checkbox"/> No                                                                  | <input 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 type="checkbox"/> Yes <input type="checkbox"/> No                                                                  | <input 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>Cleaned</u>                                                                                                            |                                                          |                                                |                                                                                                               |
| <b>Roof</b>                                                    |                              |                                                                                                                           |                                                          |                                                |                                                                                                               |
| <b>Debris:</b>                                                 |                              | <input checked="" type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                                                          |                                                |                                                                                                               |
| <b>Description:</b>                                            |                              | _____                                                                                                                     |                                                          |                                                |                                                                                                               |
| <b>Setbacks</b> <u>N/A</u> <input checked="" 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>                                                |                              |                                                                                                                           |                                                          |                                                |                                                                                                               |
| _____                                                          |                              |                                                                                                                           |                                                          |                                                |                                                                                                               |
| _____                                                          |                              |                                                                                                                           |                                                          |                                                |                                                                                                               |
| _____                                                          |                              |                                                                                                                           |                                                          |                                                |                                                                                                               |

Date: 4/2/2002

Inspection Team: Name: AL

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

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

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

ENTERED



**Department of  
Environmental  
Protection**

59-17 Junction Boulevard  
Corona, New York  
11368-5107

**Joel A. Miele Sr., P.E.  
Commissioner**

**Robert C. Avaltroni  
Deputy Commissioner**

**Bureau of  
Environmental Compliance**  
Tel (718) 595-4418  
Fax (718) 595-4422

April 26, 2002

**Building Owner Name:**

Paris Cafe

**Address:**

116-119 South St

**Subject:**

**Dear Sir/ Madam:**

In September 2001, the New York City Department and Environmental Protection (NYC DEP) and the Department of Health (NYC DOH) advised building owners regarding building maintenance and re-occupancy issues following the collapse of the World Trade Center. The steps included the professional assessment of building contamination for possible hazardous components, including asbestos, and a retrospective filing, as required, if applicable.

The NYC DEP is hereby requesting copies of the environmental hazard assessments including bulk sample results and air monitoring results and a summary of clean-up activities at the above referenced site. Please forward the requested documents to our offices within **FIVE BUSINESS DAYS**. They may be faxed to (718) 595-3744 or sent to the NYC DEP Asbestos Control Program at 59-17 Junction Boulevard, 8<sup>th</sup> floor, Corona, New York 11373-5108.

Please be advised building owners are responsible for the cleaning of building exteriors, grounds, and common areas. Adherence to proper cleaning methods is important for the protection of public health and the environment. DEP inspectors will be following up on this matter.

If you have any questions, you may reach the Department at (718) 595-3682 during office hours or the 24-hour Help Center at (718) DEP-HELP. DEP staff is available to provide guidance and technical assistance.

Sincerely,

**R. Radhakrishnan, P.E.**

**Director**

**Asbestos Control Program**



[www.nyc.gov/dep](http://www.nyc.gov/dep)

(718) DEP-HELP

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04/29/02          N.Y.C. DEPARTMENT OF BUILDINGS          BISPI031
          MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY
119..... SOUTH STREET..... 1 MANHATTAN          10038 BIN# 1001322
DCP GEOGRAPHICAL INFORMATION:
SOUTH STREET          119 - 119          HEALTH AREA : 77          TAX BLK: 97...
SOUTH STREET          116 - 116          CENSUS TRACT: 11008          TAX LOT: 1....
SOUTH STREET          118 - 118          COMMUNITY BD: 101          CONDO :
PECK SLIP          42 - 44          MULTI STRUCT: 1          CUI NO :
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE
OWNER NAME : 119 SOUTH STREET ASSO          119 SOUTH STREET ASSO
CORP. NAME :          LPC LANDMARK STATUS: LANDMARK
ADDRESS : 401          W 45TH ST 2C OFFICE          DOB LOCAL LAW STATUS: NO
          NEW YORK NY 10036
DOF BUILDING INFORMATION:
BLDG SIZE: 0052.00 X 0049.00          TRANS LAND VALUE: 1,710,000
LOT SIZE: 0052.42 X 0050.00          TAX EXEMPT FLAG : NO
BLDG CLASS : D7 ELEVATOR APT          TAX EXEMPT CLASS:
STORIES : 5          CITY OWNERSHIP : NO
FOR CITY } MGMT TYPE:          MGMT CODE:          MGMT CODE NAME:
OWNERSHIP }          MGMT HOLDER CODE:          MGMT HOLDER CODE NAME:
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PF1 =PREV PF2 =MAIN PF7 = NEW ADDRESS PF8 = NEW BLK/LOT PF9 = NEW BIN

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Date: 4/29/ 2 Time: 09:34:08 AM