

1000322

## WTC Visual Survey Form

|                                                                                                 |                                                                                                                                             |                                         |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Premise Address:</b><br><u>43-47 BROAD ST.</u>                                               |                                                                                                                                             |                                         |
| <b>Block:</b><br><u>25</u>                                                                      | Residential <input type="checkbox"/> Commercial <input type="checkbox"/><br>Mix Use <input type="checkbox"/> Other <input type="checkbox"/> | <b>Name of Building:</b>                |
| <b>Lot:</b>                                                                                     |                                                                                                                                             |                                         |
| <b># of Stories:</b> <u>8</u>                                                                   | <b>AKA's:</b>                                                                                                                               |                                         |
| <b>Building Owner/Management:</b><br>Name:                                                      |                                                                                                                                             | Telephone Number: (    )<br>FAX: (    ) |
| Address:                                                                                        |                                                                                                                                             |                                         |
| <b>On Site Contact:</b><br>Name:                                                                |                                                                                                                                             |                                         |
|                                                                                                 |                                                                                                                                             | Telephone Number: (    )                |
| <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer | <input checked="" type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1"                                     |
| <b>Facade Description:</b><br><u>WINDOWS, LEDGES &amp; ORNAMENTATION HAS THICK LAYER OF DUST</u>                                         |                              |                                                                     |                                                          |                                                |                                                                                                               |
| <b>Roof</b>                                                                                                                              |                              |                                                                     |                                                          |                                                |                                                                                                               |
| <b>Debris:</b> <input type="checkbox"/> No Visible /Fine Layer <input checked="" type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                              |                                                                     |                                                          |                                                |                                                                                                               |
| <b>Description:</b> <u>ENTIRE - ALSO WATER COLLECTED LAYER ON ENTIRE ROOF INCL. UPPER ROOFS - TANK</u>                                   |                              |                                                                     |                                                          |                                                |                                                                                                               |
| <u>W/ COVER RAILING APART - FLAGPOLE INSPECTED FROM 55 BROAD ST.</u>                                                                     |                              |                                                                     |                                                          |                                                |                                                                                                               |
| <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: 2/17/2002Inspection by: Name: Penay Theodorelys Agency: NYC DP  
Name: \_\_\_\_\_ Agency: \_\_\_\_\_