

## WTC Visual Survey Form

1006285

|                                                                                                       |                                                                                                              |                              |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> 45 BEEKMAN STREET                                                             |                                                                                                              |                              |
| <b>Block:</b> 93                                                                                      | <b>Residential</b> <input checked="" type="checkbox"/> <b>Commercial</b> <input checked="" type="checkbox"/> | <b>Name of Building:</b>     |
| <b>Lot:</b> 23                                                                                        | <b>Mix Use</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>                                |                              |
| <b># of Stories:</b> 6                                                                                | <b>AKA's:</b>                                                                                                |                              |
| <b>Building Owner/Management:</b>                                                                     |                                                                                                              | <b>Telephone Number:</b> ( ) |
| <b>Name:</b> Mr. Nasatelli - Attorney                                                                 |                                                                                                              | <b>FAX:</b> ( )              |
| <b>Address:</b>                                                                                       |                                                                                                              |                              |
| <b>On Site Contact:</b>                                                                               |                                                                                                              | <b>Telephone Number:</b> ( ) |
| <b>Name:</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 checked="" type="checkbox"/> No Locations: _____     |                                                                                                              |                              |
| Air Monitoring <input type="checkbox"/> Yes <input checked="" 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>                                                    | <b>Debris</b>                                             | <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 checked="" 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 checked="" 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"/> No Visible/Fine Layer            | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| <b>Facade Description:</b>                                                                                                               |                                                        |                                                                     |                                                           |                                  |                               |
|                                                                                                                                          |                                                        |                                                                     |                                                           |                                  |                               |
|                                                                                                                                          |                                                        |                                                                     |                                                           |                                  |                               |
| <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> 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>                                                                                                                          |                                                        |                                                                     |                                                           |                                  |                               |
|                                                                                                                                          |                                                        |                                                                     |                                                           |                                  |                               |
|                                                                                                                                          |                                                        |                                                                     |                                                           |                                  |                               |
|                                                                                                                                          |                                                        |                                                                     |                                                           |                                  |                               |

Date: 3.15.2002

Inspection by: Name: CARL

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

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

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

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03/06/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPI  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
45..... BEEKMAN STREET..... 1 MANHATTAN 10038 BIN# 1001  
DCP GEOGRAPHICAL INFORMATION:  
BEEKMAN STREET 45 - 45 HEALTH AREA : 77 TAX BLK: 93  
CENSUS TRACT: 12012 TAX LOT: 28  
COMMUNITY BD: 101 CONDO :  
MULTI STRUCT: 1 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY F  
OWNER NAME : 169 BECKMAN ASSOCIATES L P 169 BECKMAN ASSOCIATE  
CORP. NAME : KANWAL VIRDI LPC LANDMARK STATUS: NO  
ADDRESS : 110 E 59TH ST DOB LOCAL LAW STATUS: NO  
NEW YORK NY 10022-1308  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 305,000  
BLDG SIZE; 0023.67 X 0109.83 TAX EXEMPT FLAG : NO  
LOT SIZE: 0023.67 X 0109.83 TAX EXEMPT CLASS:  
BLDG CLASS : S9 RESIDENCE-MULTI-USE CITY OWNERSHIP : NO  
STORIES : 5 UPDATE DATE : 02/28/02  
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 BI

Date: 3/6/ 2 Time: 03:02:22 PM