

## WTC Visual Survey Form

1083347

|                                                                                              |                                                                                     |                                                         |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Permit Address:</b> <del>80 Beekman Street</del> <u>80 Beekman Street</u> Bldg # <u>3</u> |                                                                                     |                                                         |
| <b>Block:</b> <u>94</u>                                                                      | Residential <input checked="" type="checkbox"/> Commercial <input 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> <u>South Ridge Mgmt</u>                                    |                                                                                     | <b>Telephone Number:</b> ( <u>212</u> ) <u>267-6190</u> |
| <b>Name:</b> <u>Tony Degido</u>                                                              |                                                                                     | <b>FAX:</b> (    )                                      |
| <b>Address:</b>                                                                              |                                                                                     |                                                         |
| <b>On Site Contact:</b>                                                                      |                                                                                     |                                                         |
| <b>Name:</b> <u>Angie, Super / Khan, Asst. Super.</u>                                        |                                                                                     | <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |                                                                                     | Locations: <u>various</u>                               |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                                                                                     | Locations: _____                                        |
| Air Monitoring <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No           |                                                                                     | Locations: <u>various</u>                               |
| <b>Copies of All Reports and Data Requested</b> <input checked="" type="checkbox"/> Yes      |                                                                                     |                                                         |

## Visual Inspection Results:

|                                                                                                                                          |                                                        |                                                                     |                                                           |                                                                |                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| <b>Facade:</b>                                                                                                                           |                                                        |                                                                     |                                                           |                                                                |                                                                |
| North                                                                                                                                    | <input type="checkbox"/> N/A                           | <b>Inspected</b>                                                    | <b>Debris</b>                                             | <input checked="" type="checkbox"/> No Visible/Fine Layer      | <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 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" |                                                                |
| <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> <input checked="" type="checkbox"/> N/A                                                                                  |                                                        |                                                                     |                                                           |                                                                |                                                                |
| 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: 2/14/2002Inspection Team: Name: RammohanAgency: NYC DEP

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

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

02/26/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
80..... BEEKMAN STREET..... 1 MANHATTAN 10038 BIN# 1083347  
DCP GEOGRAPHICAL INFORMATION:  
BEEKMAN STREET 80 - 80 HEALTH AREA : 77 TAX BLK: 94...  
BEEKMAN STREET 90 - 90 CENSUS TRACT: 11003 TAX LOT: 1....  
BEEKMAN STREET 100 - 100 COMMUNITY BD: 101 CONDO :  
FRANKFORT STREET 66 - 66 MULTI STRUCT: 10 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : SOUTHBRIDGE TOWERS INC SOUTHBRIDGE TOWERS IN  
CORP. NAME : % P.R.C.MGMT LPC LANDMARK STATUS: NO  
ADDRESS : 19 E 82ND ST DOB LOCAL LAW STATUS: NO  
NEW YORK NY 10028-0302  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 0  
BLDG SIZE; \*\* UNKNOWN \*\* TAX EXEMPT FLAG : NO  
LOT SIZE: \*\* UNKNOWN \*\* TAX EXEMPT CLASS:  
BLDG CLASS : D4 ELEVATOR APT CITY OWNERSHIP : NO  
STORIES : 0 UPDATE DATE : 02/22/02  
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 BIN