WTC Visual Survey Form

Premise Address: 70 Battery Place

Block: **Lot:**	Residential ☐ Commercial ☐ Mix Use ☐ Other ☐ _____	**Name of Building:**
# of Stories: 9	**AKA's:**	

Building Owner/Management:
Name: Richard Sachman
Telephone Number: (212) 619 2600
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: ATDRS - also sampled.
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:

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: 11/26/2002
Inspection Team: Name: CARL Agency: DEP
Name: _____ Agency: _____

C-7

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Comments

Date: 12/6/2002 — Inspection Team: Name: CARL Agency: DEP
Name: Agency:

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01/30/02                N.Y.C. DEPARTMENT OF BUILDINGS                    BISPIQ31
          MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY
70.......... BATTERY PLACE..................... 1 MANHATTAN     10280 BIN# 1085778
DCP GEOGRAPHICAL INFORMATION:
BATTERY PLACE         70 - 70                HEALTH AREA : 89      TAX BLK: 16...
                                             CENSUS TRACT: 19022   TAX LOT: 20...
                                             COMMUNITY BD: 101     CONDO  :
                                             MULTI STRUCT: 1       CUI NO :
DOF OWNER NAME & ADDRESS FROM BILLING FILE:  DOF OWNER NAME FROM PROPERTY FILE
 OWNER NAME : NAME NOT ON FILE                 NAME NOT ON FILE
 CORP. NAME :                                LPC LANDMARK  STATUS: NO
 ADDRESS    :          BATTERY PLACE         DOB LOCAL LAW STATUS: NO
              NEW YORK NY
DOF BUILDING INFORMATION:                       TRANS LAND VALUE: 0
 BLDG SIZE; ** UNKNOWN **                       TAX EXEMPT FLAG : NO
 LOT  SIZE: ** UNKNOWN **                       TAX EXEMPT CLASS:
 BLDG CLASS : D8 ELEVATOR APT                   CITY OWNERSHIP  : NO
 STORIES    : 0                                 UPDATE DATE     : 01/12/02
FOR CITY  } MGMT TYPE:    MGMT CODE:            MGMT CODE NAME:
OWNERSHIP }        MGMT HOLDER CODE:      MGMT HOLDER CODE NAME:
--------------------------------------------------------------------------------
PF1 =PREV  PF2 =MAIN   PF7 = NEW ADDRESS   PF8 = NEW BLK/LOT   PF9 = NEW BIN
```