

## WTC Visual Survey Form

1001029  
0-3 Office Bldg.

|                                                                                                       |                                                                                     |                                         |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Premise Address:</b><br>111 Broadway                                                               |                                                                                     |                                         |
| <b>Block:</b> 49                                                                                      | Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> | <b>Name of Building:</b>                |
| <b>Lot:</b> 2                                                                                         | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>                     |                                         |
| <b># of Stories:</b> 21                                                                               | <b>AKA's:</b> 91-95 Trinity Place / 2-10 Thames St                                  |                                         |
| <b>Building Owner/Management:</b>                                                                     |                                                                                     | <b>Telephone Number:</b> (212) 385-1200 |
| <b>Name:</b> KEVIN T. HOOGY                                                                           |                                                                                     | <b>FAX:</b> (212) 385-1200              |
| <b>Address:</b>                                                                                       |                                                                                     |                                         |
| <b>On Site Contact:</b>                                                                               |                                                                                     |                                         |
| <b>Name:</b> KEVIN                                                                                    |                                                                                     | <b>Telephone Number:</b> ( ) Same       |
| <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____     |                                                                                     |                                         |
| Air Monitoring <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____   |                                                                                     |                                         |
| <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> <input checked="" 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 checked="" 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 checked="" 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"/> No Visible/Fine Layer <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1"               |
| <b>Facade Description:</b> <u>Broken windows etc.</u>                                                                                                                           |                                                                                                                       |                                                                                                                             |
| <b>Roof</b>                                                                                                                                                                     |                                                                                                                       |                                                                                                                             |
| <b>Debris:</b> <input checked="" type="checkbox"/> No Visible /Fine Layer <sup>light dust</sup> <input type="checkbox"/> ½ to 1" of dust <input type="checkbox"/> > 1" of dust. |                                                                                                                       |                                                                                                                             |
| <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> <u>Colony Tower Flashed out -</u>                                                                                                                               |                                                                                                                       |                                                                                                                             |
| <u>will send data</u>                                                                                                                                                           |                                                                                                                       |                                                                                                                             |
| <u>Side walk Sealed in Place.</u>                                                                                                                                               |                                                                                                                       |                                                                                                                             |

Date: 6/12/2002

Inspection Team: Name: CARL LUTCHMEYER

Agency: DCD

Page: 1 Document Name: Extra

01/29/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
111..... BROADWAY..... 1 MANHATTAN 10006 BIN# 1001029  
DCP GEOGRAPHICAL INFORMATION:  
BROADWAY 111 - 113 HEALTH AREA : 77 TAX BLK: 49...  
THAMES STREET 2 - 10 CENSUS TRACT: 2004 TAX LOT: 2....  
TRINITY PLACE 91 - 95 COMMUNITY BD: 101 CONDO :  
MULTI STRUCT: 1 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : CAPITAL PROP CORP CAPITAL PROP CORP  
CORP. NAME : LPC LANDMARK STATUS: LANDMARK  
ADDRESS : 527 MADISON AVE DOB LOCAL LAW STATUS: NO  
NEW YORK NY 10022-4304  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 27,000,000  
BLDG SIZE; 0068.00 X 0262.00 TAX EXEMPT FLAG : NO  
LOT SIZE: 0067.67 X 0266.75 TAX EXEMPT CLASS:  
BLDG CLASS : 03 OFFICE BUILDING CITY OWNERSHIP : NO  
STORIES : 5 UPDATE DATE : 01/12/02  
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

Date: 1/29/ 2 Time: 11:36:51 AM