

# WTC Visual Survey Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                        |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Premise Address: <u>245 Broadway</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |                                                              |
| Block:<br>Lot:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/><br>Mix Use <input type="checkbox"/> Other <input type="checkbox"/> | Name of Building:<br><u>Nail Salon in 2<sup>nd</sup> Fl.</u> |
| # of Stories: <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AKA's:                                                                                                                                                 |                                                              |
| Building Owner/Management:<br>Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                        | Telephone Number: (    )<br>FAX: (    )                      |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                        |                                                              |
| On Site Contact:<br>Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        | Telephone Number: (    )                                     |
| <b>Building Owner Management Activities</b><br>Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>General Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____<br>ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____<br>Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____ |                                                                                                                                                        |                                                              |
| Copies of All Reports and Data Requested <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                        |                                                              |

## Visual Inspection Results:

|                                                                                                                                                        |                                                        |                                                                                         |                                                                 |                                  |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------|-------------------------------|
| <b>Facade:</b>                                                                                                                                         |                                                        |                                                                                         |                                                                 |                                  |                               |
| North                                                                                                                                                  | <input checked="" type="checkbox"/> N/A                | <b>Inspected</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>Debris</b><br><input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| South                                                                                                                                                  | <input checked="" 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 checked="" type="checkbox"/> No Visible/Fine Layer       | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| West                                                                                                                                                   | <input checked="" 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" |
| Facade Description: _____                                                                                                                              |                                                        |                                                                                         |                                                                 |                                  |                               |
|                                                                                                                                                        |                                                        |                                                                                         |                                                                 |                                  |                               |
| <b>Roof</b>                                                                                                                                            |                                                        |                                                                                         |                                                                 |                                  |                               |
| Debris: <input checked="" type="checkbox"/> No Visible <del>Fine Layer</del> <input checked="" type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                                                        |                                                                                         |                                                                 |                                  |                               |
| Description: <u>Spots of caked suspect material observed at</u><br><u>North west of roof</u>                                                           |                                                        |                                                                                         |                                                                 |                                  |                               |
|                                                                                                                                                        |                                                        |                                                                                         |                                                                 |                                  |                               |
| <b>Setbacks</b> N/A <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: 5/01/2002Inspection Team: Name: RAMAgency: DEP.

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

ENTERED

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05/02/02          N.Y.C. DEPARTMENT OF BUILDINGS          BISPI031
          MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY
245..... BROADWAY..... 1 MANHATTAN          10007 BIN# 1001408
DCP GEOGRAPHICAL INFORMATION:
BROADWAY          239 - 247          HEALTH AREA : 77          TAX BLK: 124..
BROADWAY          250 - 250          CENSUS TRACT: 1009          TAX LOT: 24...
MURRAY STREET      2 - 4          COMMUNITY BD: 101          CONDO :
PARK PLACE         1 - 7          MULTI STRUCT: 1          CUI NO :
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE
  OWNER NAME : 250 BOWAY INC          250 BOWAY INC
  CORP. NAME :          LPC LANDMARK STATUS: NO
  ADDRESS : 250 BROADWAY          DOB LOCAL LAW STATUS: NO
          NEW YORK NY 10007-2516
DOF BUILDING INFORMATION:
  BLDG SIZE: 0150.00 X 0162.00          TRANS LAND VALUE: 45,100,000
  LOT SIZE: 0151.50 X 0162.50          TAX EXEMPT FLAG : NO
  BLDG CLASS : 04 OFFICE BUILDING          TAX EXEMPT CLASS:
  STORIES : 0          CITY OWNERSHIP : NO
  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

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