

# WTC Visual Survey Form

|                                                                                               |                                                                            |                                 |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|
| <b>Premise Address:</b> <u>88 Reade street</u>                                                |                                                                            |                                 |
| <b>Block:</b>                                                                                 | Residential <input type="checkbox"/> Commercial <input type="checkbox"/>   | <b>Name of Building:</b>        |
| <b>Lot:</b>                                                                                   | Mix Use <input checked="" type="checkbox"/> Other <input type="checkbox"/> |                                 |
| <b># of Stories:</b> <u>2</u>                                                                 | <b>AKA's:</b>                                                              |                                 |
| <b>Building Owner/Management:</b>                                                             |                                                                            | <b>Telephone Number:</b> (    ) |
| <b>Name:</b>                                                                                  |                                                                            | <b>FAX:</b> (    )              |
| <b>Address:</b>                                                                               |                                                                            |                                 |
| <b>On Site Contact:</b> <u>Apt 2N Tenant buzzed door.</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 type="checkbox"/> Yes <input type="checkbox"/> No    Locations: _____ |                                                                            |                                 |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No    Locations: _____     |                                                                            |                                 |
| Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No    Locations: _____   |                                                                            |                                 |
| <b>Copies of All Reports and Data Requested</b> <input type="checkbox"/> Yes                  |                                                                            |                                 |

## Visual Inspection Results:

### Facade:

|       |                              | Inspected                                                           | Debris                                                                |                                  |                               |
|-------|------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------|-------------------------------|
| North | <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" |
| South | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> No Visible/ <del>Fine</del> 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/ <del>Fine</del> 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" |

Facade Description: \_\_\_\_\_

### Roof

Debris: ☒ No Visible / ~~Fine~~ Layer    ☐ ½ to 1"    ☐ > 1"

Description: \_\_\_\_\_

### Setbacks ☒ 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" |

### Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: 5/01/2002

Inspection Team: Name: RAM    Agency: DEP

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

ENTERED

05/02/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
88..... READE STREET..... 1 MANHATTAN 10013 BIN# 1001604  
DCP GEOGRAPHICAL INFORMATION:  
READE STREET 88 - 90 HEALTH AREA : 77 TAX BLK: 146..  
CHURCH STREET 176 - 178 CENSUS TRACT: 2011 TAX LOT: 27...  
COMMUNITY BD: 101 CONDO :  
MULTI STRUCT: 1 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : NJ FUNDING INC NJ FUNDING INC  
CORP. NAME : LPC LANDMARK STATUS: LANDMARK  
ADDRESS : 21 W 19TH ST DOB LOCAL LAW STATUS: NO  
NEW YORK NY 10011-4208  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 1,110,000  
BLDG SIZE: 0061.00 X 0050.00 TAX EXEMPT FLAG : NO  
LOT SIZE: 0060.58 X 0049.92 TAX EXEMPT CLASS:  
BLDG CLASS : K2 STORE BUILDING CITY OWNERSHIP : NO  
STORIES : 2 UPDATE DATE : 03/25/02  
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