

## WTC Visual Survey Form

|                                                                                      |                                                                                                |                              |  |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------|--|
| <b>Premise Address:</b> 150 Franklin St                                              |                                                                                                |                              |  |
| <b>Block:</b>                                                                        | Residential <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> | <b>Name of Building:</b>     |  |
| <b>Lot:</b>                                                                          | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>                                |                              |  |
| <b># of Stories:</b> 7                                                               | <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>                                                              |                                                                                                | <b>Telephone Number:</b> ( ) |  |
| <b>Name:</b> Mrs Smith                                                               |                                                                                                |                              |  |
| <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: _____             |  |
| ACM Clean Up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     |                                                                                                | Locations: _____             |  |
| Air Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                                                                                | Locations: _____             |  |
| <b>Copies of All Reports and Data Requested</b> <input type="checkbox"/> Yes         |                                                                                                |                              |  |

## Visual Inspection Results:

|                                                                                                                                          |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Facade:</b>                                                                                                                           |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
| North                                                                                                                                    | <input type="checkbox"/> N/A                           | <b>Inspected</b>                                                    | <input 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 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 type="checkbox"/> Yes <input type="checkbox"/> No            | <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"                                                |
| West                                                                                                                                     | <input type="checkbox"/> N/A                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <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"                                                |
| <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> 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> Facade look dirty but not WTC related.                                                                                   |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
|                                                                                                                                          |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
|                                                                                                                                          |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |

Date: 3/12/2002

Inspection Team: Name: CARL

Agency: Don

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

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

ENTERED

148 150 FRANKLIN ST Coop Inc  
Michael DAVIDSON

03/18/02            N.Y.C. DEPARTMENT OF BUILDINGS            BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
150..... FRANKLIN STREET..... 1 MANHATTAN    10013 BIN# 1002130

## DCP GEOGRAPHICAL INFORMATION:

FRANKLIN STREET    148 - 150            HEALTH AREA : 77    TAX BLK: 189..  
                                 CENSUS TRACT: 3016 TAX LOT: 7....  
                                 COMMUNITY BD: 101    CONDO :  
                                 MULTI STRUCT: 1    CUI NO :

## DOF OWNER NAME &amp; ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE

OWNER NAME : 148 150 FRANKLIN ST COOP INC    148 150 FRANKLIN ST C  
CORP. NAME : MICHAEL DAVIDSON            LPC LANDMARK STATUS: LANDMARK  
ADDRESS : 150    FRANKLIN ST            DOB LOCAL LAW STATUS: NO  
                 NEW YORK NY 10013-2913

## DOF BUILDING INFORMATION:

BLDG SIZE: 0040.00 X 0080.00            TRANS LAND VALUE: 905,000  
LOT SIZE: 0040.25 X 0087.50            TAX EXEMPT FLAG : NO  
BLDG CLASS : D4 ELEVATOR APT            TAX EXEMPT CLASS:  
STORIES : 7            CITY OWNERSHIP : NO  
                                 UPDATE DATE : 02/28/02  
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