

# WTC Visual Survey Form

|                                                                                            |                                                                                     |                       |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------|
| Premise Address: <u>203 Front St</u>                                                       |                                                                                     |                       |
| Block:                                                                                     | Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> | Name of Building:     |
| Lot:                                                                                       | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>                     |                       |
| # of Stories:                                                                              | AKA's:                                                                              |                       |
| Building Owner/Management:                                                                 |                                                                                     | Telephone Number: ( ) |
| Name:                                                                                      |                                                                                     | FAX: ( )              |
| Address:                                                                                   |                                                                                     |                       |
| On Site Contact:                                                                           |                                                                                     | Telephone Number: ( ) |
| Name:                                                                                      |                                                                                     |                       |
| Building Owner Management Activities                                                       |                                                                                     |                       |
| 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: _____   |                                                                                     |                       |
| Copies of All Reports and Data Requested <input type="checkbox"/> Yes                      |                                                                                     |                       |

## Visual Inspection Results:

|                                    |                              |                                                                    |
|------------------------------------|------------------------------|--------------------------------------------------------------------|
| Facade:                            |                              |                                                                    |
| North                              | <input type="checkbox"/> N/A | Inspected <input type="checkbox"/> Yes <input type="checkbox"/> No |
| South                              | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| East                               | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| West                               | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Facade Description: <u>cleaned</u> |                              |                                                                    |

## Roof

Debris: ☒ No Visible /Fine Layer ☐ 1/2 to 1" ☐ > 1"

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

## Setbacks N/A

|              |                                                                                                                         |
|--------------|-------------------------------------------------------------------------------------------------------------------------|
| Floor: _____ | Debris: <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> 1/2 to 1" <input type="checkbox"/> > 1" |
| Floor: _____ | Debris: <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> 1/2 to 1" <input type="checkbox"/> > 1" |
| Floor: _____ | Debris: <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> 1/2 to 1" <input type="checkbox"/> > 1" |
| Floor: _____ | Debris: <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> 1/2 to 1" <input type="checkbox"/> > 1" |
| Floor: _____ | Debris: <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> 1/2 to 1" <input type="checkbox"/> > 1" |

## Comments

Date: 4/1/2002

Inspection Team: Name: [Signature]

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

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

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

ENTERED



**Department of  
Environmental  
Protection**

59-17 Junction Boulevard  
Corona, New York  
11368-5107

**Joel A. Miele Sr., P.E.  
Commissioner**

**Robert C. Avaltroni  
Deputy Commissioner**

**Bureau of  
Environmental Compliance**  
Tel (718) 595-4418  
Fax (718) 595-4422

April 26 2002

**Building Owner Name:**

NYC

**Address:**

203 Front St  
NYC

**Subject:**

**Dear Sir/ Madam:**

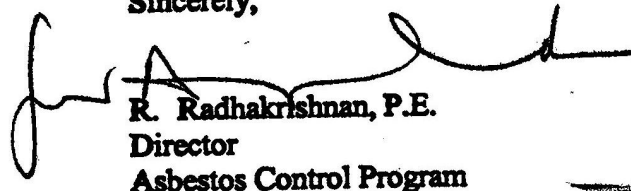
In September 2001, the New York City Department and Environmental Protection (NYC DEP) and the Department of Health (NYC DOH) advised building owners regarding building maintenance and re-occupancy issues following the collapse of the World Trade Center. The steps included the professional assessment of building contamination for possible hazardous components, including asbestos, and a retrospective filing, as required, if applicable.

The NYC DEP is hereby requesting copies of the environmental hazard assessments including bulk sample results and air monitoring results and a summary of clean-up activities at the above referenced site. Please forward the requested documents to our offices within FIVE BUSINESS DAYS. They may be faxed to (718) 595-3744 or sent to the NYC DEP Asbestos Control Program at 59-17 Junction Boulevard, 8<sup>th</sup> floor, Corona, New York 11373-5108.

Please be advised building owners are responsible for the cleaning of building exteriors, grounds, and common areas. Adherence to proper cleaning methods is important for the protection of public health and the environment. DEP inspectors will be following up on this matter.

If you have any questions, you may reach the Department at (718) 595-3682 during office hours or the 24-hour Help Center at (718) DEP-HELP. DEP staff is available to provide guidance and technical assistance.

Sincerely,

  
**R. Radhakrishnan, P.E.  
Director  
Asbestos Control Program**



[www.nyc.gov/dep](http://www.nyc.gov/dep)

(718) DEP-HELP

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04/29/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
203..... FRONT STREET..... 1 MANHATTAN 10038 BIN# 1082014  
DCP GEOGRAPHICAL INFORMATION:  
FRONT STREET 203 - 203 HEALTH AREA : 77 TAX BLK: 96...  
FRONT STREET 204 - 204 CENSUS TRACT: 11010 TAX LOT: 5....  
FRONT STREET 206 - 206 COMMUNITY BD: 101 CONDO :  
FULTON STREET 21 - 21 MULTI STRUCT: 12 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : NYC EDC NYC EDC  
CORP. NAME : LPC LANDMARK STATUS: NO  
ADDRESS : 110 WILLIAM ST DOB LOCAL LAW STATUS: NO  
NEW YORK NY 10038-3901  
DOF BUILDING INFORMATION:  
BLDG SIZE: \*\* UNKNOWN \*\* TRANS LAND VALUE: 0  
LOT SIZE: \*\* UNKNOWN \*\* TAX EXEMPT FLAG : NO  
BLDG CLASS : K9 STORE BUILDING TAX EXEMPT CLASS:  
STORIES : 0 CITY OWNERSHIP : YES  
FOR CITY } MGMT TYPE: MGMT CODE: 530 UPDATE DATE : 03/25/02  
OWNERSHIP } MGMT HOLDER CODE: 360 MGMT HOLDER CODE NAME: DCAS  
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PF1 =PREV PF2 =MAIN PF7 = NEW ADDRESS PF8 = NEW BLK/LOT PF9 = NEW BIN

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Date: 4/29/ 2 Time: 09:36:03 AM