

# WTC Visual Survey Form

1033353

**Premise Address:** ~~77~~ ~~Fulton~~ ~~Street~~ 77 Fulton street Bldg # 2 Tower.

**Block:** 94 **Residential** ☒ **Commercial** ☐ **Name of Building:**  
**Lot:** **Mix Use** ☐ **Other** ☐

**# of Stories:** **AKA's:**

**Building Owner/Management:** South Ridge Mgmt **Telephone Number:** (212) 267-6190  
**Name:** Tony Degido. **FAX:** ( )

**Address:**

**On Site Contact:**  
**Name:** Angie, Super / Khan, Asst. Super. **Telephone Number:** ( )

**Building Owner Management Activities**  
 Interior Survey Performed ☐ Yes ☐ No  
 Exterior Survey Performed ☐ Yes ☐ No  
 General Clean Up ☒ Yes ☐ No **Locations:** various  
 ACM Clean Up ☐ Yes ☐ No **Locations:**  
 Air Monitoring ☒ Yes ☐ No **Locations:** various

**Copies of All Reports and Data Requested** ☒ Yes

## Visual Inspection Results:

**Facade:**

|       |                              | Inspected                                                           | Debris                                                    |                                    |                               |
|-------|------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------|-------------------------------|
| North | <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"/> 1/2 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/Fine Layer | <input type="checkbox"/> 1/2 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"/> 1/2 to 1" | <input type="checkbox"/> > 1" |
| West  | <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"/> 1/2 to 1" | <input type="checkbox"/> > 1" |

**Facade Description:**

---

**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: 2/14/2002

Inspection Team: Name: Rammohan  
 Name: \_\_\_\_\_

Agency: NYC DEP  
 Agency: \_\_\_\_\_

Page: 1 Document Name: Extra

```

02/26/02                N.Y.C. DEPARTMENT OF BUILDINGS                BISPIQ31
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY
77..... FULTON STREET..... 1 MANHATTAN        10038 BIN# 1083353
DCP GEOGRAPHICAL INFORMATION:
FULTON STREET          77 - 77          HEALTH AREA : 77      TAX BLK: 94...
GOLD STREET            80 - 80          CENSUS TRACT: 11003  TAX LOT: 1....
GOLD STREET            90 - 90          COMMUNITY BD: 101   CONDO :
PEARL STREET           299 - 299        MULTI STRUCT: 10    CUI NO :
DOF OWNER NAME & ADDRESS FROM BILLING FILE:  DOF OWNER NAME FROM PROPERTY FILE
OWNER NAME : SOUTHBRIDGE TOWERS INC          SOUTHBRIDGE TOWERS IN
CORP. NAME : % P.R.C.MGMT                    LPC LANDMARK STATUS: NO
ADDRESS   : 19      E 82ND ST                DOB LOCAL LAW STATUS: NO
          NEW YORK NY 10028-0302
DOF BUILDING INFORMATION:                    TRANS LAND VALUE: 0
BLDG SIZE; ** UNKNOWN **                     TAX EXEMPT FLAG : NO
LOT SIZE: ** UNKNOWN **                     TAX EXEMPT CLASS:
BLDG CLASS : D4 ELEVATOR APT                 CITY OWNERSHIP : NO
STORIES   : 0                               UPDATE DATE   : 02/22/02
FOR CITY  } MGMT TYPE:      MGMT CODE:      MGMT CODE NAME:
OWNERSHIP }      MGMT HOLDER CODE:    MGMT HOLDER CODE NAME:
-----
PF1 =PREV  PF2 =MAIN  PF7 = NEW ADDRESS  PF8 = NEW BLK/LOT  PF9 = NEW BIN

```

Date: 2/26/ 2 Time: 11:53:08 AM