



**CITY OF PHILADELPHIA**  
**DEPARTMENT OF LICENSES & INSPECTIONS**  
 Municipal Services Building  
 1401 John F. Kennedy Boulevard  
 Philadelphia, PA 19102

Complete all sections; type or neatly print:

## Summary Inspection Report of Exterior Walls and Appurtenances

(Philadelphia Code, Title 4, Section PM-304.10)

THIS FORM TO BE SUBMITTED TO:

**facadereports@phila.gov**

### 1 Filing Information

Date of Report: 10/19/2021

Amended Filing Date: \_\_\_\_\_

### 2 Location Information - Must use the address assigned by the City's Board of Revision of Taxes

Building Address: 3600 Gateway Drive, Philadelphia, PA 19103

Owner/Agent/Site Contact: Brian M. Kroker

Phone Number: 267-300-6773

### 3 Building Characteristics

Principal Occupancy: Residential, Group 2 Number of Stories: 6 Height: +/- 55 feet

Year Constructed: 1985 Exterior Wall Type: Masonry Historic Designation (if any): \_\_\_\_\_

### 4 Inspection Status Information

Wall(s) Inspected: All exposed exterior Inspection Method: Binocular and Inspection Date: 9/7-8/2021  
hands-on via aerial lift

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**SAFE CONDITION**

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**SAFE WITH REPAIR & MAINTENANCE PROGRAM**

Recommended start date: March 2022

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**UNSAFE / IMMINENT DANGER**

Submit copy of full report along with form

**NOTE: The Department of Licenses & Inspections' Emergency Services & Abatement Unit must be notified by phone (215-686-2480) within 12 hours of discovery, and a report containing details of the condition and recommended temporary safety measures must be delivered within 24 hours to that unit at the address above.**

Person Contacted: N/A

Date Contacted: N/A

Description (probable cause of condition; nature/extent of corrective action necessary; time frame for remediation):  
 \_\_\_\_\_

### 5 Professional Responsible for Inspection

Name: Jason Coleman Company: WJE License #: PE 078128

Company Address: 601 Walnut Street, Suite 875W, Philadelphia, PA 19106

Company Phone/Fax/E-mail: 215-567-0703/jcoleman@wje.com

### 6 Owner of Record Information (NOT Agent, Site Contact, or Business Manager)

Name: Brian M. Kroker Company: Lindy Property Management Co.

Address: 309 York Road, Suite 211 Jenkintown, Pennsylvania 19046

Company Phone/Fax/E-mail: 267-300-6773

### 7 Signature Statements

#### FOR OWNER / OWNER REPRESENTATIVE:

I hereby state that I am the owner/owner's representative of the premises referenced in the inspection report. Furthermore, I have received and read a copy of the report and am aware of the required repairs and/or maintenance, if any, and the recommended time frame for same. I certify that all items noted for action in the previous cycle's report have been corrected/repaired.

NAME: Brian M. Kroker

SIGNATURE: \_\_\_\_\_

#### FOR PROFESSIONAL:

I hereby state that the owner/owner's representative has authorized me to submit this report. Furthermore, I hereby state that all reporting and inspection requirements have been met and that all statements are correct and complete to the best of my knowledge. A copy of this report has been given to the owner/owner's representative.

SIGNATURE: \_\_\_\_\_

**APPLY  
SEAL HERE**

Interpreter services available. | خدمات الترجمة الشفهية متوفرة لدينا | အဘဏ္ဍာရသဘာဝဘာသာစကားပြောမှုများ ၁ | 提供口译服务 | Services d'interprétation disponibles. | 통역이 제공됩니다 | Предоставляются услуги устного переводчика. | Se brindan servicios de interpretación. | Có sẵn dịch vụ thông dịch.