

N C Department of Labor Elevator Bureau 1101 Mail Service Center, Raleigh, NC 27699-1101

INSPECTION REPORT

IMPORTANT: Always use State Number in any correspondence relating to your equipment www.nclabor.com/elevator.htm

Invoice Number 556957

		EQUIPMENT INS	PECTED		
State Number: 9274 Type of Unit: Past Capacity: 2000 Installed: 02/15/1 Volts: 208 Floor to Floor: 1 Owner: CITY OF WASHINGTON, PO BOX 1988, WO Occupant: E PETERSON BLDG, 310 W MAIN ST, V		5/1979 1 to 2 WASHINGTON, NC, 27)2	Manuf: OTIS Speed: 125 Rope Size:
		INSPECTION INFO			
Inspection Date 04/23/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County Name BEAUFORT	County Code 7
		VIOLATIONS F	DUND		
Notify the Elevator B	ureau in writing on Correct equ	ted Violations Form when aipment into compliance v		ns have been made	in order to bring your
n/a No vi	olations found				
Violations pointed out to: Carolyn in Office			Ins	spector	
		INVOICE			
No other invoice will be issued. If not paid within 30 days from date of invoice, your certificate			mes invalid.	Inve	oice Number
Return this stub with payment to: NC Department of Labor, Budget and Purch 1101 Mail Service Center, Raleigh, NC 27699-1101			asing Division,	State Nb	556957
Owner: CITY OF WASHINGTON, PO BOX 1988, WASHINGTON, NC, 27889 Occupant: E PETERSON BLDG, 310 W MAIN ST, WASHINGTON, NC, 27889				Date: Fee:	\$175