



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](http://www.nclabor.com/elevator.htm)

Invoice Number  
**557062**

### EQUIPMENT INSPECTED

|                                                                 |                         |                      |              |
|-----------------------------------------------------------------|-------------------------|----------------------|--------------|
| State Number: 24437                                             | Type of Unit: Passenger | Landings: 4          | Manuf: TKE   |
| Capacity: 2500                                                  | Installed: 01/09/2007   | Complied: 01/09/2007 | Speed: 125   |
| Volts: 230                                                      | Floor to Floor: P to 3  | Entrances: 2         | Rope Size: 0 |
| Owner: DIXON & MEEKINS, 103 EAST 8TH ST, NAGS HEAD, NC, 27959   |                         |                      |              |
| Occupant: DAY BEACON, 326 E. WATER STREET, BELLHAVEN, NC, 27810 |                         |                      |              |

Elevator Name: B

### INSPECTION INFORMATION

|                               |                            |                                 |                         |                         |                  |
|-------------------------------|----------------------------|---------------------------------|-------------------------|-------------------------|------------------|
| Inspection Date<br>06/16/2008 | Type Inspection<br>Routine | Certificate Status<br>Re-issued | Inspector<br>16 - Moore | County Name<br>BEAUFORT | County Code<br>7 |
|-------------------------------|----------------------------|---------------------------------|-------------------------|-------------------------|------------------|

Violation Abatement Date: 07/16/2008

### VIOLATIONS FOUND

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

8.6.1.6.5 Provide a class ABC fire extinguisher in machinery space.

8.6.4.8.2 Remove all materials from machine room (machinery space) not pertaining to the maintenance or operation of the elevator(s).

Violations pointed out to: No One There

Inspector \_\_\_\_\_

### INVOICE

No other invoice will be issued.  
If not paid within 30 days from date of invoice, your certificate becomes invalid.

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division,  
1101 Mail Service Center, Raleigh, NC 27699-1101

Owner: DIXON & MEEKINS, 103 EAST 8TH ST, NAGS HEAD, NC, 27959  
Occupant: DAY BEACON, 326 E. WATER STREET, BELLHAVEN, NC, 27810

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State Nbr: 24437  
Date: 06/16/2008  
Fee: \$175