

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 557064

Fee:

\$175

		EQUIPMENT INSPECTED			Manuf: TKE Speed: 125 Rope Size: 0
Occupant: DAY BEACO	Type of Unit: Passenger Installed: 01/10/2007 Floor to Floor: P to 3 UNS, 103 EAST 8TH ST, NAGS HEAD, NC, 27959 N, 326 E. WATER STREET, BELLHAVEN, NC, 279		810		
Elevator Name: C	INSPECTION INFORMATION				
Inspection Date 06/16/2008	Type Inspection Routine	Certificate Status	Inspector 16 - Moore	County Name BEAUFORT	County Cod 7
	Date: 07/16/2008				
Notify the Elevator Bureau equipment into compliance		iolations Form when the fo	llowing corrections h	ave been made in or	der to bring your
Violations pointed out to: No One There			Inspector		
		INVOICE			
-	nent to: NC Department of	will be issued. oice, your certificate becon Labor, Budget and Purcha			pice Number 557064 r: 24438 06/16/2008

Owner: DIXON & MEEKINS, 103 EAST 8TH ST, NAGS HEAD, NC, 27959

Occupant: DAY BEACON, 326 E. WATER STREET, BELLHAVEN, NC, 27810