

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 559277

Fee:

\$0

		EQUIPMENT INSPEC	CTED		
State Number: H157 Type of Unit: Hand L Capacity: 250 Installed: 04/24/1985 Volts: 115 Floor to Floor: LL to Owner: ALVIN NANCE, 2903 HOPEWELL CH RE Occupant: WATSON BUILDING, 201 W MORGAN		Complied: 04/24/1985 UL Entrances: 2 WADESBORO, NC, 28133 ST, WADESBORO, NC, 28170		Manuf: AMER STAIR GLID Speed: 20 Rope Size: 1/8	
Elevator Name: HANDICAP LIFT INSPECT		ΓΙΟΝ INFORMATION			
Inspection Date 06/19/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 8 - Burris	County Name ANSON	County Cod 4
	Date: 07/19/2008				
equipment into compliance	in writing on Corrected Vice with current codes.		_	s have been made in orde	er to bring your
Violations pointed out to:	REP- NO ONE AT BLDG		:	Inspector	
		INVOICE			
·	No other invoice wil n 30 days from date of invoi nent to: NC Department of L , Raleigh, NC 27699-1101	ce, your certificate become		559 State Nbr:	e Number 9277 H157 06/19/2008

Owner: ALVIN NANCE, 2903 HOPEWELL CH RD, WADESBORO, NC, 28133

Occupant: WATSON BUILDING, 201 W MORGAN ST, WADESBORO, NC, 28170