

## 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 **566899** 

		EQUIPMENT INS	PECTED		
State Number: 20567 Type of Unit: Passenger Capacity: 2500 Installed: 12/03/2001 Volts: 208 Floor to Floor: 1 to 2 Owner: SECURITY SAVINGS BANK, P O BOX 10069, SO Occupant: SECURITY SAVINGS BANK, 300 HOWE ST, So		2001 Cor to 2 Enti 10069, SOUTHPORT, NO WE ST, SOUTHPORT, N	IC, 28461	Manuf: SCHINDLER Speed: 100 Rope Size:	
		INSPECTION INFO			
Inspection Date 04/16/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Name County Code BRUNSWICK 10	
		VIOLATIONS F	OUND		
Notify the Elevator B		ted Violations Form when uipment into compliance v		ions have been made in order to bring your	
n/a No vi	olations found				
Violations pointed out to: PHIL			Inspector		
		INVOICE	Ξ		
No other invoice will be issued. If not paid within 30 days from date of invoice, your certi			omes invalid.	Invoice Number	
Return this stub with payment to: NC Department of Labor, Budget a 1101 Mail Service Center, Raleigh, NC 27699-1101			asing Division,	566899 State Nbr: 20567 Date: 04/16/2008	
Owner: SECURITY SAVINGS BANK, P O BOX 10069, SOUTHPORT, NC Occupant: SECURITY SAVINGS BANK, 300 HOWE ST, SOUTHPORT, NC				Fee: \$175	