

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 566906

		EQUIPMENT INS	PECTED			
State Number: 20609 Type of Unit: Passenger Capacity: 2500 Installed: 04/05/2002 Volts: 480 Floor to Floor: 1 to 3 Owner: BRUNSWICK CO OPERTION SERVICES, PO BOX 249, E Occupant: BRUNSWICK CO COURTHOUSE, 45 COURTHOUSE		: 04/05/2002 Floor: 1 to 3 S, PO BOX 249, BOLIVIA COURTHOUSE DR, BO	LIVIA, NC, 28422	1	Manuf: OTIS Speed: 125 Rope Size:	
		INSPECTION INFO				
Inspection Date 04/18/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Name BRUNSWICE		
		VIOLATIONS FO	OUND			
Notify the Elevator B	ureau in writing on Correct equ	ted Violations Form when a sipment into compliance w	the following corrections ith current codes.	s have been ma	de in order to bring your	
n/a No v	riolations found					
Violations pointed out to: KEVIN			I	nspector		
		INVOICE				
No other invoice will be issued. If not paid within 30 days from date of invoice, your certificate			mes invalid.	In	Invoice Number	
Return this stub with payment to: NC Department of Labor, Budget 1101 Mail Service Center, Raleigh, NC 27699-1101			asing Division,			
Owner: BRUNSWICK CO OPERTION SERVICES, PO BOX 249, BOL Occupant: BRUNSWICK CO COURTHOUSE, 45 COURTHOUSE DR, E				Fee:	\$175	