

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 566926

EQUIPMENT INSPECTED						
State Number: 23292	Type of Unit:	Passenger Landings: 3			Manuf: OTIS	
Capacity: 2100	Installed: 09/12/2005		Complied: 09/12/2005		Speed: 100	
Volts: 208	Floor to Floor	:: 1 to 3	Entrances: 1		Rope Size:	
Owner: COMMUNITY	ASSOCIATION MGMT.,	P.O. BOX 8126, OCEAN	ISLE, NC, 28469			
Occupant: VILLAS ON	OSPREY RIDGE, 180 CL	UB HOUSE RD, SUNSE	Γ BEACH, NC, 2846	58		
		INSPECTION INFO	RMATION			
Inspection Date 04/29/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Name BRUNSWICK	County Cod 10	
Violation Abatement Date: 05/29/2008		VIOLATIONS FOUN	ND			
Notify the Elevator Burea quipment into complianc	u in writing on Corrected Vee with current codes.	Violations Form when the	following corrections	s have been made in	order to bring your	
8.6.4.7.1 Cl	7.1 Clean the hoistway(s) (pits) of all debris. CLEAN PIT.					
8.11.2.2.2 Preform the annual no load safety test						
Violations pointed out to: UNAVAILABLE			Inspector			
		INVOICE				
	No other invoice a					

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: COMMUNITY ASSOCIATION MGMT., P.O. BOX 8126, OCEAN ISLE, NC, 28469 Occupant: VILLAS ON OSPREY RIDGE, 180 CLUB HOUSE RD, SUNSET BEACH, NC, 28468 Invoice Number 566926

State Nbr: 23292 Date: 04/29/2008 Fee: \$175