

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 566934

		EQUIPMENT INS	SPECTED			
Capacity: 3000 Installed: 03/15/2000 Volts: 208 Floor to Floor: G to 3 Owner: CAMS, 3960 EXECUTIVE BLVD. SUITE 8, SOUTH Decupant: ISLANDER RESORT, #1 BECKY ST, OCEAN IS		Compliance 3 Compliance 3 Entrance E 8, SOUTHPORT, NC, 2 OCEAN ISLE BEACH, N	ed: 03/15/2000 es: 1 8461 NC, 28469	Manuf: THYSSEN KRUPP Speed: 125 Rope Size:		
		INSPECTION INFO				
Inspection Date 05/13/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Name BRUNSWICK	County Code 10	
		VIOLATIONS F	OUND			
Notify the Elevator B		eted Violations Form wher uipment into compliance		ions have been made in o	order to bring your	
n/a No vi	olations found					
Violations pointed out to: unavailable			Inspector			
		INVOIC	E			
No other invoice will be issued. If not paid within 30 days from date of invoice, your certif			omes invalid.	Invoice	Invoice Number 566934 State Nbr: 19014 Date: 05/13/2008	
Return this stub with payment to: NC Department of Labor, Budget and 1101 Mail Service Center, Raleigh, NC 27699-1101			nasing Division,	566 State Nbr:		
Owner: CAMS, 3960 EXECUTIVE BLVD. SUITE 8, SOUTHPORT, NC, 28461 Occupant: ISLANDER RESORT, #1 BECKY ST, OCEAN ISLE BEACH, NC, 2846				11		