

## 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 **567036** 

EQUIPMENT INSPECTED					
State Number: 17723 Type of Unit: 2002  Capacity: 3000 Installed: 06/3  Volts: 208 Floor to Floor: Owner: ISLANDER INN, 57 W FIRST ST, OCEAN Occupant: ISLANDER INN, 57 W FIRST ST, OCEAN		/30/1998 r: G to 2 .N ISLE, NC, 28469	Landings: 4 Complied: 06/30/ Entrances: 1	/1998	Manuf: OTIS Speed: 125 Rope Size:
		INSPECTION INFO	RMATION		
Inspection Date 07/28/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Name BRUNSWICK	County Cod
Violation Abatement Date: 08/17/2008		VIOLATIONS FOUR	ND		
Notify the Elevator Bureau equipment into compliance	in writing on Corrected with current codes.	Violations Form when the	following corrections	have been made in o	rder to bring your
8.6.4. /.4 Water and oil s	hall not be allowed to acc	umulate on pit floors.WAT	ER IN PII.		
√iolations pointed out to:	RRYAN TRIPP			Inspector	
-		INVOICE			
	No other invoice				

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division, 1101 Mail Service Center, Raleigh, NC 27699-1101

If not paid within 30 days from date of invoice, your certificate becomes invalid.

Owner: ISLANDER INN, 57 W FIRST ST, OCEAN ISLE, NC, 28469 Occupant: ISLANDER INN, 57 W FIRST ST, OCEAN ISLE, NC, 28469 Invoice Number 567036

State Nbr: 17723 Date: 07/28/2008 Fee: \$175