

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
567	7085

		EQUIPMENT INS	SPECTED			
		/2002 Cor l to 3 Ent O. BOX 95, OAK ISLAN	Landings: 3 Complied: 10/28/2002 Entrances: 1 95, OAK ISLAND, NC, 28465 RE TRACE, CASWELL BEACH, NC, 2		Manuf: SCHINDLER Speed: 100 Rope Size: 0	
		INSPECTION INFO				
Inspection Date 08/22/2008	Type Inspection Routine		Inspector	County Name	County Coc 10	
		VIOLATIONS F	OUND			
Notify the Elevator Bu	ureau in writing on Correct equ	ted Violations Form when uipment into compliance v		ions have been made in	order to bring yo	
n/a No vi	iolations found					
F	WAYNE ROUNDTREE			Inspector		
		INVOICE	E 			
	No other invoice					
If not paid within 30 days from date of invoice, your certificate becomes invalid			Invoic	Invoice Number		
Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division, 101 Mail Service Center, Raleigh, NC 27699-1101		hasing Division,	567085			
Owner: OCEAN GREENS CONDOS ASSOC., P.O. BOX 95, OAK ISLAND, N		ID NC 29465	State Nbr: Date:	21371 08/22/2008		
	ENS CONDOS ASSOC., P. ENS CONDOS #7, 79-82			Fee:	\$175	