

## 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 567138

		EQUIPMENT IN	SPECTED			
State Number: 24615 Type of Unit: Passenger Capacity: 2500 Installed: 09/24/2008 Volts: 208 Floor to Floor: 1 to 4 Owner: INTERCOASTAL LIVING LLC, 1610 HWY 17 N, N MYR Occupant: THE PRESERVE BLDG 4, 3803-05 OLD BRIDGE ROAL		2008 Co to 4 En WY 17 N, N MYRTLE B D BRIDGE ROAD, OA	K ISLAND, NC, 28465	Manuf: SCHINDLER Speed: 125 Rope Size:		
		INSPECTION INFO	ORMATION			
Inspection Date 09/24/2008	Type Inspection New	Certificate Status Issued	Inspector 48 - Martin	County Name BRUNSWICK	County Code 10	
		VIOLATIONS I	FOUND			
Notify the Elevator Bu	ıreau in writing on Correct equ	ed Violations Form when ipment into compliance		ons have been made in o	order to bring your	
n/a No vi	olations found					
Violations pointed out to:	TONY [SCHINDLER]			Inspector		
		INVOIC	 F			
No other invoice will be issued.  If not paid within 30 days from date of invoice, your certificate by			comes invalid.	Invoice	Invoice Number	
Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division, 1101 Mail Service Center, Raleigh, NC 27699-1101  Owner: INTERCOASTAL LIVING LLC, 1610 HWY 17 N, N MYRTLE BEACH, SC, 29582  Occupant: THE PRESERVE BLDG 4, 3803-05 OLD BRIDGE ROAD, OAK ISLAND, NC, 28465			chasing Division,	567 State Nbr:	1138 24615 09/24/2008	
		Fee:	\$200			