

28374

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	1
567141	

\$200

Fee:

		EQUIPMENT INS	PECTED		
State Number: 23726 Type of Unit: Passenge Capacity: 2500 Installed: 04/11/2006 Volts: 230 Floor to Floor: 1 to 4 Owner: OCEAN WALK HOA % BEC MGMT, 1600 MORO Occupant: OCEAN WALK CONDO #3, 105 SE 58TH STR		/11/2006 r: 1 to 4 500 MORGANTOWN RD 8TH STREET, OAK ISLA	K ISLAND, NC, 28465		Manuf: TKE Speed: 50 Rope Size:
		INSPECTION INFO	RMATION		
Inspection Date 09/24/2008	Type Inspection Alteration	Certificate Status Issued	Inspector 48 - Martin	County Name BRUNSWICK	County Code 10
		VIOLATIONS F	OUND		
Notify the Elevator Bu		ted Violations Form when aipment into compliance w		ons have been made	in order to bring your
n/a No vi	olations found				
Violations pointed out to:	ROBERT PAYNE			Inspector	
		INVOICE			
If not paid with	No other invoice in 30 days from date of in	will be issued. voice, your certificate beco	omes invalid.		·
Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division, 1101 Mail Service Center, Raleigh, NC 27699-1101				11	oice Number 567141 or: 23726
Owner: OCEAN WALK HOA % BEC MGMT, 1600 MORGANTOWN RD, PINEHURST, NC,					09/24/2008

Occupant: OCEAN WALK CONDO #3, 105 SE 58TH STREET, OAK ISLAND, NC, 28465