

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 **567165**

		EQUIPMENT INSI	PECTED		
State Number: H1381 Type of Unit: Hand Lift Capacity: 750 Installed: 05/30/2003 Volts: 115 Floor to Floor: 1 to 2 Owner: OCEAN ISLE FISHING CENTER, 65 CAUSEWAY DR Occupant: OCEAN ISLE FISHING CENTER, 65 CAUSEWAY I		03 Comp o 2 Entra SEWAY DRIVE, OCEA AUSEWAY DRIVE, OC	EAN ISLE, NC, 284		
		INSPECTION INFO	RMATION		
Inspection Date 11/06/2008	Type Inspection Compliance			County Name BRUNSWICK	
		VIOLATIONS FO	OUND		
•		ment into compliance w	ith current codes.		
	riolations found				
Violations pointed out to:	MANAGEMENT			Inspector	
		INVOICE			
No other invoice will be issued. If not paid within 30 days from date of invoice, your cer Return this stub with payment to: NC Department of Labor, Budg 1101 Mail Service Center, Raleigh, NC 27699-1101 Owner: OCEAN ISLE FISHING CENTER, 65 CAUSEWAY D Occupant: OCEAN ISLE FISHING CENTER, 65 CAUSEWAY 28469		ce, your certificate beco Labor, Budget and Purch	asing Division,	Invoice Number 567165 State Nbr: H1381 Date: 11/06/2008 Fee: \$0	