

## 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 **567167** 

		EQUIPMENT INS	PECTED			
State Number: 14327 Type of Unit: Capacity: 3000 Installed: 05/2 Volts: 208 Floor to Floor: Owner: OCEAN ISLE MOTEL, 35 W FIRST ST, C Occupant: OCEAN ISLE MOTEL, 35 W FIRST ST		20/1991 Complied: 05/22/1991 r: G to 2 Entrances: 1 OCEAN ISLE BEACH, NC, 28469 Γ, OCEAN ISLE BEACH, NC, 28469			Manuf: OTIS Speed: 125 Rope Size:	
		INSPECTION INFO				
Inspection Date 11/06/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Name BRUNSWICK	County Code 10	
		VIOLATIONS F	OUND			
Notify the Elevator E	Bureau in writing on Correct eq	eted Violations Form when uipment into compliance v		ons have been made	in order to bring your	
n/a No v	iolations found					
V:-1-4:	DOM		Ţ			
Violations pointed out to:	DON	INVOICE		nspector		
	NT 4					
No other invoice will be issued.  If not paid within 30 days from date of invoice, your certification.			omes invalid.	Invo	pice Number	
Return this stub with payment to: NC Department of Labor, Budge 1101 Mail Service Center, Raleigh, NC 27699-1101					567167	
Owner: OCEAN ISLE MOTEL, 35 W FIRST ST, OCEAN ISLE BEACH Occupant: OCEAN ISLE MOTEL, 35 W FIRST ST, OCEAN ISLE BEACH				Fee:		