

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 **567186**

		EQUIPMENT INS	SPECTED		
State Number: H1086 Type of Unit: Han Capacity: 750 Installed: 09/19/20 Volts: 120 Floor to Floor: 1 to Owner: LOCKWOOD FOLLY COUNTRY CLUB, 18 Occupant: LOCKWOOD FOLLY COUNTRY CLUB,		19/2000 :: 1 to 2 3, 18 CLUBHOUSE DR,		62	Manuf: ACCEL Speed: 20 Rope Size:
		INSPECTION INFO	RMATION		
Inspection Date 11/14/2008	Type Inspection Routine				
		VIOLATIONS F	OUND		
•	-	uipment into compliance	with current codes.		
	iolations found				
iolations pointed out to: management				Inspector	
		INVOIC	E		
	No other invoice	will be issued.			
•	in 30 days from date of in	• •		Ţ	vyoiga Numahan
	ment to: NC Department or, Raleigh, NC 27699-110		hasing Division,	State	voice Number 567186 Nbr: H1086
Owner: LOCKWOOD I 28462	FOLLY COUNTRY CLUI	B, 18 CLUBHOUSE DR,	SW, SUPPLY, NC,	Date:	11/14/2008
	FOLLY COUNTRY CLU	UB, 18 CLUBHOUSE DE	R, SW, SUPPLY, NC,	Fee:	\$65