

## 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 567223

		EQUIPMENT INSP	ECTED		
tate Number: H1522 Type of Unit: Hand Lift apacity: 750 Installed: 09/01/2004 folts: 115 Floor to Floor: 1 to 2 wher: COUNTY OF BRUNSWICK, PO BOX 249, BOLIVI occupant: BRUNSWICK COUNTY LIBRARY, 1040 CALA		Complied Entrance BOLIVIA, NC, 28422 CALABASH RD., CA	d: 09/01/2004 s: 2 LABASH, NC, 284		
		INSPECTION INFOR	RMATION		
Inspection Date 12/02/2008	Type Inspection Routine			County Name BRUNSWICK	
		VIOLATIONS FC	UND		
•		nent into compliance wi	th current codes.		
	olations found				
Violations pointed out to: LORI MASON			Inspector		
		INVOICE			
No other invoice will be issue If not paid within 30 days from date of invoice, your Return this stub with payment to: NC Department of Labor, Br 1101 Mail Service Center, Raleigh, NC 27699-1101  Owner: COUNTY OF BRUNSWICK, PO BOX 249, BOLIV Occupant: BRUNSWICK COUNTY LIBRARY, 1040 CALAI 28467		e, your certificate becombor, Budget and Purch BOLIVIA, NC, 28422	asing Division,	Invoice Number 567223 State Nbr: H1522 Date: 12/02/2008 Fee: \$65	