

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 567364

		EQUIPMENT IN	SPECTED		
State Number: 24566 Capacity: 2000 Installed: 02/21/2007 Volts: 230 Floor to Floor: 1 to 3 Owner: CROW CREEK BLDG #13, 395 S CROW CREEK DRIVE, Occupant: CROW CREEK - BLDG #13, 395 S CROW CREEK DRI		1/2007 1 to 3 7 CREEK DRIVE, CALA ROW CREEK DRIVE, C	ALABASH, NC, 284		
		INSPECTION INFO	ORMATION		
Inspection Date 02/17/2009	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Na BRUNSW	
		VIOLATIONS	FOUND		
Notify the Elevator Bu		ted Violations Form whe aipment into compliance		ctions have been	made in order to bring your
n/a No v	iolations found				
Violations pointed out to: SCOTT KITTINGER			Inspector		
		INVOIC	E 		
If not paid with	No other invoice in 30 days from date of in		comes invalid.		Invoice Number
Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division, 1101 Mail Service Center, Raleigh, NC 27699-1101			Sta Da	567364 te Nbr: 24566	
Owner: CROW CREEK BLDG #13, 395 S CROW CREEK DRIVE, CALABASH, NC, 28467 Occupant: CROW CREEK - BLDG #13, 395 S CROW CREEK DRIVE, CALABASH, NC, 28-		Fee			