

## 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 567428

EQUIPMENT INSPECTED					
State Number: 18812 Type of Unit: Capacity: 2500 Installed: 06/2 Volts: 208 Floor to Floor Owner: CONSTRUCTION PROFESSIONALS, -, -, -, -, -, -, -, -, -, -, -, -, -,		/22/2000 r: 1 to 3 MOUNT PLEASANTS, 3	2000 Complied: 06/22/2000 to 3 Entrances: 1 DUNT PLEASANTS, SC, 29464		Manuf: OTIS Speed: 125 Rope Size:
		INSPECTION INFO	RMATION		
Inspection Date 03/17/2009	Routine	Re-issued	Inspector 48 - Martin	BRUNSWICK	10
		VIOLATIONS F			
Notify the Elevator Bu		ted Violations Form when uipment into compliance v		ions have been made	e in order to bring your
n/a No v	iolations found				
Violations pointed out to: MANAGEMENT				Inspector	
		INVOICE	E 		
No other invoice will be issued.  If not paid within 30 days from date of invoice, your certificate			omes invalid.	Inve	pice Number
Return this stub with payment to: NC Department of Labor, Budget and 1101 Mail Service Center, Raleigh, NC 27699-1101		of Labor, Budget and Purc 1	Si		567428 tate Nbr: 18812 ate: 03/17/2009
Owner: CONSTRUCTION PROFESSIONALS, -, MOUNT PLEASANTS, SC, 29464 Occupant: HAMPTON INN, 5181 SOUTH PORT / SUPPLY RD, SOUTH PORT, NC, 28461			Fee:	\$175	