

## 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 567456

		EQUIPMENT INSI	PECTED			
	pacity: 2500 Installed:			Manuf: SCHIND Speed: 125 Rope Size:	LER	
Elevator Name: # 2	ame: # 2 INSPECTION INFORMATION					
Inspection Date 04/02/2009	Type Inspection New	Certificate Status Issued	Inspector 48 - Martin	County Name BRUNSWICK	County Code 10	
		VIOLATIONS FO				
Notify the Elevator Bu		ted Violations Form when aipment into compliance w		ons have been made in o	order to bring you	
n/a No v	iolations found					
$\sqrt{1}$ iolations pointed out to:	JIMMY [SCHINDLER]			Inspector		
		INVOICE				
-	No other invoice will be issued.  If not paid within 30 days from date of invoice, your certificate			11	Number	
Return this stub with payment to: NC Department of Labor, Budget and Pt 1101 Mail Service Center, Raleigh, NC 27699-1101 Owner: COASTAL HOSPITALITY LLC, 1511 N HOWE STREET, SOU Occupant: SOUTHPORT WINGATE INN, 1511 N HOWE STREET, SOU		HOWE STREET, SOUTI	HPORT, NC, 28461	State Nbr: Date:	Date: 04/02/2009	