

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 567464

		EQUIPMENT INSI	PECTED			
State Number: 26681 Type of Unit: Passenger Capacity: 2500 Installed: 04/14/2009 Volts: 480 Floor to Floor: 1 to 2 Owner: BALD HEAD ISLAND LIMITED, P O BOX 3069, BAL Occupant: DEEP POINT MAIN FERRY TERMINAL, 1301 FER		2009 Com to 2 Entr OX 3069, BALD HEAD IS			Manuf: SCHINDLER Speed: 100 Rope Size:	
Elevator Name: #1	r Name: #1 INSPECTION INFORMATION					
Inspection Date 04/14/2009				County Name		
		VIOLATIONS FO	DUND			
	equ	ted Violations Form when uipment into compliance w	ith current codes.	ons have been made in	n order to bring you	
n/a No vi	iolations found					
Violations pointed out to: JIM [SCHINDLER]				Inspector		
		INVOICE				
	No other invoice					
If not paid within 30 days from date of invoice, your certification with recomment to NC Department of Labor, Pudget		. •		Invoice Number		
Return this stub with payment to: NC Department of Labor, Budget 1101 Mail Service Center, Raleigh, NC 27699-1101			ma purchasing Division,		567464 State Nbr: 26681	
		OX 3069, BALD HEAD I AL, 1301 FERRY ROAD,		Date: Fee:	04/14/2009 \$200	