

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 575533

		EQUIPMENT IN	SPECTED			
tate Number: 17838 Type of Unit: Passenger Capacity: 3500 Installed: 01/04/1999 Volts: 200 Floor to Floor: LL to 2 Owner: HOMEPLACE OF BURLINGTON, 118 ALAMANCE Occupant: HOMEPLACE OF BURLLINGTON, 118 ALAMAN		LL to 2 Er ALAMANCE RD, BURI		Speed: 100 Rope Size:	•	
		INSPECTION INF	ORMATION			
Inspection Date 12/29/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code	
		VIOLATIONS	FOUND			
Notify the Elevator Bu		cted Violations Form whe		ns have been made in c	order to bring you	
No violations found						
olations pointed out to: office			Inspector			
		INVOIC	CE			
	No other invoice					
If not paid within 30 days from date of invoice, your cert teturn this stub with payment to: NC Department of Labor, Budge				Invoice	Invoice Number	
101 Mail Service Center, Raleigh, NC 27699-1101			omoning Division,	11	533 17838	
		ALAMANCE RD, BUR 18 ALAMANCE RD, BI		Date:	17636 12/29/2008 \$175	