

BURLINGTON, NC, 27215

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 **575629**

02/09/2009

\$175

Date: Fee:

EQUIPMENT INSPECTED						
State Number: 22766 Type of Unit: Past Capacity: 2500 Installed: 02/07/2 Volts: 480 Floor to Floor: 1 Owner: S P M INVESTMENTS, LLC, 1011 WEST DA		/07/2005	/2005 Complied: 02/07/2005 1 to 2 Entrances: 1		Manuf: OTIS Speed: 100 Rope Size:	
Occupant: CAROLINA NU	CLEAR MEDICINE,	CROUSE LN KIRKPATR	ICK RD, BURLINGTO			
Elevator Name: DR. MORAYA						
Inspection Date 02/09/2009		Certificate Status	Inspector 36 - Kirkman	County Name ALAMANCE	County Code 1	
		VIOLATIONS F	OUND			
	ec	cted Violations Form when quipment into compliance v	with current codes.	ns have been made	in order to bring your	
No violations found						
Violations pointed out to: Ol	FFICE		Inspector			
		INVOICE	 3			
If not paid within	No other invoice will be issued. If not paid within 30 days from date of invoice, your certificate					
Return this stub with payment to: NC Department of Labor, Budget and Purchasing E 1101 Mail Service Center, Raleigh, NC 27699-1101					oice Number 575629 r: 22766	

Owner: S P M INVESTMENTS, LLC, 1011 WEST DAVIS DRIVE, BURLINGTON, NC, 27215 Occupant: CAROLINA NUCLEAR MEDICINE, CROUSE LN KIRKPATRICK RD,