



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
575632

EQUIPMENT INSPECTED

State Number: 24509 Type of Unit: Passenger Landings: 2 Manuf: SCHINDLER
Capacity: 25800 Installed: 03/08/2007 Complied: 03/08/2007 Speed: 125
Volts: 208 Floor to Floor: 1 to 2 Entrances: 1 Rope Size: 0
Owner: BOONE STATION DENTAL OFFICE, 336-226-0855, BURLINGTON, NC, 27215
Occupant: BOONE STATION DENTAL OFFICE, 3450 FOREST DALE DR, BURLINGTON, NC, 27215

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County Name	County Code
02/09/2009	Routine	Re-issued	36 - Kirkman	ALAMANCE	1

VIOLATIONS FOUND

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

No violations found

Violations pointed out to: OFFICE

Inspector _____

INVOICE

No other invoice will be issued.

If not paid within 30 days from date of invoice, your certificate becomes invalid.

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division,
1101 Mail Service Center, Raleigh, NC 27699-1101

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State Nbr: 24509
Date: 02/09/2009
Fee: \$175