

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 577598

		EQUIPMENT INSPI	ECTED			
State Number: 20804 Type of Unit: Special Capacity: 2500 Installed: 03/21/2002 Volts: 208 Floor to Floor: 1 to 3 Owner: EQUITY INNS, 7700 WOLF RIVER BLVD, GEF Occupant: SPRINGHILL SUITES HOTEL, 2 BUCKSTON		Complie Entrance ERMANTOWN, TN,			Manuf: SCHINDLER Speed: 150 Rope Size:	
Elevator Name: ELEVATOR # 1	INSPECT	TON INFORMATION				
Inspection Date 07/23/2008				County Name		
		VIOLATIONS FO	JND			
	au in writing on Corrected Vi equipme	nt into compliance wit	h current codes.			
n/a No viola	tions found					
Violations pointed out to: David St Johns/ TKE / 704-583-6064				Inspector		
		INVOICE				
	No other invoice will be	e issued.				
If not paid within 30 days from date of invoice, yo		your certificate become	ır certificate becomes invalid.		Invoice Number	
Return this stub with payment to: NC Department of Labor, 1101 Mail Service Center, Raleigh, NC 27699-1101		or, Budget and Purcha	Budget and Purchasing Division,		577598 State Nbr: 20804 Date: 07/23/2008	
Owner: EQUITY INNS, 7700 WOLF RIVER BLVD, GERMANTOWN, TN, 38138 Occupant: SPRINGHILL SUITES HOTEL, 2 BUCKSTONE PLACE, ASHEVILLE, NC, 28805				Fee: \$200		