

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 579620

		EQUIPMENT INSP	ECTED		
State Number: 10680 Type of Unit: Passer Capacity: 2500 Installed: 03/01/1984 Volts: 208 Floor to Floor: 1 to 6 Owner: AMBICA LLC, PO BOX 2470, CANDLER, N Occupant: HOLIDAY INN, 435 SMOKEY PARK HW		1984 Comp to 6 Entra R, NC, 28715	ings: 6 plied: 01/12/2007 nnces: 1	Manuf: ASHEVILLE Speed: 150 Rope Size:	
		INSPECTION INFOR			
	Type Inspection	Certificate Status		County Name	County Code
Violation Abatement D	Pate: 11/09/2008	VIOLATIONS FOUNI)		
Notify the Elevator Bureau equipment into compliance	with current codes.	violations Form when the fo	_		
Violations pointed out to: MICHAEL			Inspector		
		INVOICE			
-	nent to: NC Department of Raleigh, NC 27699-1101	will be issued. roice, your certificate becon f Labor, Budget and Purcha			e Number 9620 10680 10/10/2008

Occupant: HOLIDAY INN, 435 SMOKEY PARK HWY, ASHEVILLE, NC, 28806