

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
581	1600

		EQUIPMENT I	NSPECTED			
State Number: H1805 Type of Unit: Hand Lift Capacity: 750 Installed: 11/21/2006 Volts: 120 Floor to Floor: 1 to 2 Owner: ALLEGHENY COUNTY, 90 S MAIN STREET, SPARTA, 1 Occupant: ALLEGHANY COUNTY COURT HOUSE, 12 N MAIN		/2006 C 1 to 2 E FREET, SPARTA, NC, 2 DUSE, 12 N MAIN STR	EET, SPARTA, NC, 290	Rope Size: 0		
		INSPECTION IN	FORMATION			
	Type Inspection Routine				County Code	
		VIOLATIONS	FOUND			
·		uipment into compliance	e with current codes.			
	riolations found					
Violations pointed out to:	LARRY DAVIS 336-37	2-2010 		Inspector		
		INVOI	CE 			
No other invoice will be issued. If not paid within 30 days from date of invoice, your certification this stub with payment to: NC Department of Labor, Budget 1101 Mail Service Center, Raleigh, NC 27699-1101 Owner: ALLEGHENY COUNTY, 90 S MAIN STREET, SPARTA Occupant: ALLEGHANY COUNTY COURT HOUSE, 12 N MAIN 29063		evoice, your certificate book of Labor, Budget and Publicate TREET, SPARTA, NC,	rchasing Division, 29063	581 State Nbr: Date:		