

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 596261

		EQUIPMENT INS	PECTED			
State Number: 8633 Type of Unit: Fr Capacity: 10000 Installed: 07/08/20 Volts: 560 Floor to Floor: 1 Owner: AVOCA INC, PO BOX 129, MERRY HIL Occupant: AVOCA INC, 841 AVOCA FARM ROA		1976 Complied: 07/08/1976 to 3 Entrances: 2 L, NC, 27957		Manuf: SOUTHERN Speed: 60 Rope Size:		
		INSPECTION INFO				
Inspection Date 08/20/2008	Type Inspection Routine	Re-issued	49 - Hayes	BERTIE	County Code 8	
	Date: 08/20/2008					
Notify the Elevator Bureau equipment into compliance		iolations Form when the	following corrections h	ave been made in order	to bring your	
Violations pointed out to:	Maintenance		In	ispector		
		INVOICE	5 			
If not paid withi	No other invoice If not paid within 30 days from date of in				Invoice Number	
Return this stub with payr 1101 Mail Service Center	nent to: NC Department of , Raleigh, NC 27699-1101	Labor, Budget and Purch	nasing Division,	State Nbr:	6261 8633 08/20/2008	
Owner: AVOCA INC, PO BOX 129, MERRY HILL, NC, 27957 Occupant: AVOCA INC, 841 AVOCA FARM ROAD, MERRY HILL, NC, 27957			7957	Fee:	\$175	