

## 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			
636019				

Date:

Fee:

02/24/2009

\$175

		EQUIPMENT INS	SPECTED		
State Number: 11260 Type of Unit: Freig Capacity: 1500 Installed: 07/15/198 Volts: 208 Floor to Floor: 2 to Owner: N.C. WILDERNESS LIMITED, P.O. BOX 704, L Occupant: LINVILLE RIDGE CLUBHOUSE, 7000 RIDG		15/1986 r: 2 to 3 704, Linville, NC, 28 Ridge Road, Linvii	LLE, NC, 28646		Manuf: ACE Speed: 100 Rope Size: 0
Elevator Name: # 2	r Name: # 2 INSPECTION INFORMATION				
Inspection Date 02/24/2009	Type Inspection Routine	Certificate Status Re-issued	Inspector 4 - Henegar	County Name AVERY	6
		VIOLATIONS F			
Notify the Elevator Bu	reau in writing on Correcte equi	ed Violations Form when ipment into compliance		s have been made	in order to bring your
n/a No vio	plations found				
Violations pointed out to:	Priscella Johns 3 828-898-5	5151 INVOICE		pector	
-	No other invoice we note 30 days from date of involuent to: NC Department of Raleigh, NC 27699-1101	pice, your certificate because			oice Number 636019 or: 11260

Owner: N.C. WILDERNESS LIMITED, P.O. BOX 704, LINVILLE, NC, 28646

Occupant: LINVILLE RIDGE CLUBHOUSE, 7000 RIDGE ROAD, LINVILLE, NC, 28646