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
636037

EQUIPMENT INSPECTED

State Number: N2.1	Type of Unit: Freight	Landings: 2	Manuf: MOFFAT
Capacity: 1000	Installed: 09/18/1975	Complied: 09/18/1975	Speed: 35
Volts:	Floor to Floor: to	Entrances:	Rope Size: 5/8

Owner: ALEXVALE WHSE.(ALEX ASSOC.), HWY 16 S/PO BOX 817, TAYLORSVILLE, NC, 28681
Occupant: ALEXVALE WHSE.(ALEX ASSOC.), HWY 16 S/PO BOX 817, TAYLORSVILLE, NC, 28681

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County Name	County Code
02/27/2009	Condemned	Not Issued	4 - Henegar	ALEXANDER	2

VIOLATIONS FOUND

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

BLDG. CLOSED

Violations pointed out to: N/A

Inspector _____

INVOICE

No other invoice will be issued.
If not paid within 30 days from date of invoice, your certificate becomes invalid.

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division, 1101 Mail Service Center, Raleigh, NC 27699-1101

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Invoice Number
636037
State Nbr: N2.1
Date: 02/27/2009
Fee: $0