



INSPECTION REPORT

IMPORTANT: Always use State Number in
any correspondence relating to your equipment
www.nclabor.com/elevator.htm
919-707-7927

Report Number
10069-48-4894
State Number
26945

EQUIPMENT INSPECTED

State Number: 26945	Type of Unit: Passenger	Floor to Floor: 1 to 5
Capacity: 2500	Manuf: OTIS	Speed: 125
Landings: 5	Installed:	Rope Size:
Volts: 208	Complied:	Entrances: 1
OWNER	OCCUPANT	
SANKEY PROPERTIES	WEST GATE BEST WESTERN HOTEL	
P O BOX 847	1120 TOWNE LAKE DRIVE	
CLARKTON, NC, 28433	LELAND, NC, 28451	

INSPECTION INFORMATION

Inspection Date 03/10/2010	Type Inspection New	Certificate Status Issued	Inspector 48 - Martin	County BRUNSWICK
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VIOLATIONS

2.2.2.4 Put the sump pump in proper working order. UNIT PUMPS 69 GAL. PER MIN. AND NEEDS TO BE 100 GALS. PER MIN. GIVEN 10 DAYS TO PROVIDE AS PER JERRY SMITH.

Items must be corrected by: 03/20/2010

Elevator Name: # 1

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.

Violations pointed out to: JOE [OTIS]

Inspector _____

THIS IS NOT AN
INVOICE

To make changes to the invoice mailing address please call: 919-733-0372

An invoice will be mailed to:

SANKEY PROPERTIES
P O BOX 847
CLARKTON, NC, 28433