

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 919-707-7927 Report Number 10264-48-1858 State Number 24166

		EQUIPMENT INSPECTED			
State Number: 24166 Type of Unit: Pas		ssenger Floor to Floor: 1 to :		por: 1 to 5	
Capacity: 2500	Manuf: SCHINDLER, HYD Installed: 02/28/2007 Complied: 03/01/2007		Speed: 125 Rope Size: 0 Entrances: 1		
Landings: 5					
Volts: 208					
OWNER	OWNER OCCUPANT				
INTRACOASTAL LIVING LL	.C	THE PRESERV	/E BLDG #3 - CAR #2		
1610 HWY 17 N	1610 HWY 17 N		GROVE LANE		
NORTH MYRTLE BEACH, SO	C, 29582	OAK ISLAND,	OAK ISLAND, NC, 28465		
	Π	NSPECTION INFORMATION			
Inspection Date 09/21/2010	Type Inspection Compliance	Certificate Status Issued	Inspector 48 - Martin	County BRUNSWICK	
		VIOLATIONS			
8.6.4.7.1	Clean the elevator pit.				
	1				
Items must be corrected by: 1	.0/11/2010				
Notify the Elevator Bureau in wri omplainace with current codes.	ting on Corrected Violations Form	n when the following corrections	have been made in order to	bring your equipment into	
Violations pointed out to: UNAV			Inspector		
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	INTRACOASTAL LIVI 1610 HWY 17 N NORTH MYRTI E BEA			