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
11059-48-1219
State Number
23470

EQUIPMENT INSPECTED

State Number: **23470**
Capacity: 2000
Landings: 3
Volts: 240

Type of Unit: Passenger
Manuf: THYSSEN KRUPP
Installed: 10/18/2005
Complied: 10/25/2005

Floor to Floor: 1 to 3
Speed: 55
Rope Size:
Entrances: 1

OWNER
CROW CREEK CONDO
9300 OCEAN HWY 17 WEST
CALABASH, NC, 28467

OCCUPANT
CROW CREEK BLDG #10
221 WOODLANDS WAY
CALABASH, NC, 28467

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County
02/28/2011	Routine	Re-issued	48 - Martin	BRUNSWICK

10

VIOLATIONS

8.11.2.2.2 Perform the annual no load safety test

Items must be corrected by: 03/30/2011

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

Violations pointed out to: UNAVAILABLE

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:
CROW CREEK CONDO
9300 OCEAN HWY 17 WEST
CALABASH, NC, 28467