

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 12095-48-3135 State Number 26649

| | 1 | EQUIPMENT INSPECTED | | | |
|--|--|--|--------------------------|------------------------|--|
| State Number: 26649 Capacity: 3000 Landings: 3 Volts: 208 | Manuf: OTIS | Installed: 04/22/2009 | | 1 to 3 | |
| OWNER COMFORT SUITES - LELAN 1020 GRANDIFLORA DRIVE LELAND, NC, 28451 | Complied: Entrances: 1 OCCUPANT COMFORT SUITES - LELAND 1020 GRANDIFLORA DRIVE LELAND, NC, 28451 | | | | |
| | IN | SPECTION INFORMATION | | | |
| Inspection Date 04/04/2012 | Type Inspection Routine | Certificate Status Re-issued | Inspector 48 - Martin | County BRUNSWICK 10 | |
| | | VIOLATIONS | | | |
| | | | | | |
| Items must be corrected by: 04/24/2012 Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have bee | | | | Elevator Name: # 1 | |
| complainace with current codes. | | when the following corrections | | | |
| Violations pointed out to: TINIS | HA GREEN | | | | |
| THIS IS NOT AN INVOICE | To make changes to the invoice made an invoice will be mailed to: | ailing address please call: 919-7 COMFORT SUITES - L 1020 GRANDIFLORA I LELAND, NC, 28451 | ELAND | | |