

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 13051-48-3923 State Number 21687

	E	QUIPMENT INSPECTED)		
State Number: 21687	Type of Unit: Passenger		Floor to Floor: . to .		
Capacity: 2100	Manuf: RENAME		Speed: 0		
Landings: 0	ndings: 0 Installed: 05/29/2003		Rope Size: . Entrances: 0 OCCUPANT		
Volts: 0					
OWNER					
THE WOODLANDS @ CRO	OW CREEK		CROW CREEK CONDO		
10255 BEACH DR SW			250 S. CROW CREEK DR.		
CALABASH, NC, 28469			CALABASH, NC, 28469		
	INS	SPECTION INFORMATIO)N		
Inspection Date 02/20/2013	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK 10	
		VIOLATIONS			
Items must be corrected by Notify the Elevator Bureau in w complainace with current codes	riting on Corrected Violations Form v	when the following correction	ons have been made in order to	bring your equipment into	
Violations pointed out to: UNAVAILABLE				·	
	To make changes to the invoice mailing address please call: 919-733-0372				
THIS IS NOT AN INVOICE	An invoice will be mailed to:	THE WOODLANDS @ CROW CREEK mailed to: 10255 BEACH DR SW CALABASH, NC, 28469			