NCDOL NCDOL NA Department of John

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 13119-48-5022 State Number 23516

		EQUIPMENT INSPECTED			
State Number: 23516 Type of Uni Capacity: 2100 Manuf: OT Landings: 3 Installed: 02		Passenger	Floor to Floor	Floor to Floor: 1 to 3	
		3	Speed: 100		
		22/2006	Rope Size: 0	Rope Size: 0	
Volts: 208 Complied: 02		/22/2006 Entrances: 1			
OWNER		OCCUPANT			
COMMUNITY AASO	CIATION MGMT.	VILLAS ON OSPREY RIDGE			
P.O. BOX 8126		174 CLUB HOUSE RD			
0CEAN ISLE BEACH, NC, 28469		SUNSET BEACH, NC, 28468			
	1	NSPECTION INFORMATION			
Inspection Date 04/29/2013	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK	
		VIOLATIONS			
2.27.3.1 Put the Phase I fire service feature in proper working order. No fire hat at PI in car					
	ne in car emergency telephone in proper w				
8.6.4.7.1 Clear	n the elevator pit.				

Items must be corrected by: 05/09/2013

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 _____

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

THIS IS NOT AN INVOICE

COMMUNITY AASOCIATION MGMT.
An invoice will be mailed to: P.O. BOX 8126

OCEAN ICLE DEACH

0CEAN ISLE BEACH, NC, 28469