

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 **13318-48-3384** State Number **20069**

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		EQUIPMENT INSPECTED			
State Number: 20069 Type of U		Passenger	Floor to Floor: 1 to 3		
Capacity: 2500 Manuf: KONE		E	Speed: 100		
Landings: 3 Installed: 05/03			Rope Size:		
Volts: 480 Complied: 05/		5/08/2002	/2002 Entrances: 1		
OWNER		OCCUPANT			
COMFORT SUITES SOUTHPORT		COMFORT SUI	TES SOUTHPORT		
4963 SOUTHPORT SUPPLY RD		4963 SOUTHPORT SUPPLY RD			
SOUTHPORT, NC, 28291		SOUTHPORT, NC, 28291			
	Γ	NSPECTION INFORMATION			
Inspection Date 11/14/2013	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK	
		VIOLATIONS			
Items must be corrected by: I	12/14/2013 iting on Corrected Violations Form	n when the following corrections	have been made in order to	bring your aguinment into	
omplainace with current codes.		n when the following corrections			
iolations pointed out to: BILL S					
TYV0 10 110 - 111	To make changes to the invoice i	make changes to the invoice mailing address please call: 919-733-0372			
THIS IS NOT AN INVOICE	An invoice will be mailed to:	COMFORT SUITES SO 4963 SOUTHPORT SU SOUTHPORT, NC, 282	PPLY RD		