

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 14112-48-5740 State Number 23516

| | E | QUIPMENT INSPECTED | | | |
|--|--|--|--------------------------------|---------------------------|--|
| State Number: 23516 Type of Unit: Passe | | assenger | nger Floor to Floor: 1 to 3 | | |
| Capacity: 2100 Manuf: OTIS | | Ü | Speed: 100 | | |
| Landings: 3 Installed: 02/22/2006 Volts: 208 Complied: 02/22/2006 | | /2006 | Rope Size: 0 Entrances: 1 | | |
| | | 2/2006 | | | |
| OWNER | | O | OCCUPANT | | |
| COMMUNITY AASOCIATIO | ON MGMT. | | LLAS ON OSPREY RIDGE | | |
| P.O. BOX 8126 | | | 174 CLUB HOUSE RD | | |
| 0CEAN ISLE BEACH, NC, 2 | 8469 | | SUNSET BEACH, NC, 28468 | | |
| | INS | SPECTION INFORMATIO | N | | |
| Inspection Date 04/22/2014 | Type Inspection Routine | Certificate Status Re-issued | Inspector 48 - Martin | County BRUNSWICK 10 | |
| | | VIOLATIONS | | | |
| | | | | | |
| Items must be corrected by: Notify the Elevator Bureau in we complainace with current codes. | 05/22/2014 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: UNA | VAILABLE | | Inspector | | |
| | To make changes to the invoice mailing address please call: 919-733-0372 | | | | |
| THIS IS NOT AN INVOICE | An invoice will be mailed to: | COMMUNITY AASOCIATION MGMT. n invoice will be mailed to: P.O. BOX 8126 0CEAN ISLE BEACH, NC, 28469 | | | |