

Violations pointed out to: J S Martin / Property manager

An invoice will be mailed to:

THIS IS NOT AN

INVOICE

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 14210-16-3181 State Number 24439

		E	EQUIPMENT INSPECTED			
State Number: 24439		Type of Unit: Passenger		Floor to Floor: P to	Floor to Floor: P to 3	
Capacity: 2500		Manuf: TKE		Speed: 125		
Landings: 4		Installed: 01/10/2007		Rope Size: 0		
Volts: 230		Complied: 01/10/2007		Entrances: 2		
OWNER			OCCUPANT			
DAY BEACON HOA	Y BEACON HOA DAY BEACON					
PO BOX 1303			326 E WATER STREET			
MANTEO, NC, 27954			BELLHAVEN, NC, 27810			
		INS	SPECTION INFORMATION			
Inspection Date 07/29/2014		Type Inspection Routine	Certificate Status Re-issued	Inspector 16 - Moore	County BEAUFORT	
			VIOLATIONS			
2.2.5.1	Put the pit lig	thts in proper working order.				
2.27.1.1.2 Put the in car emergency telephone in proper working order.						
Items must be corrected by: 08/28/2014				Elevator Name: D		
otify the Elevator Bur		on Corrected Violations Form	when the following corrections have	e been made in order to bring	your equipment into	

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PO BOX 1303 MANTEO, NC, 27954

DAY BEACON HOA

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

Inspector ___