

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 14237-48-3919 State Number 29480

| | E | QUIPMENT INSPECTED | | | |
|--|--|---|--------------------------|---------------------------|--|
| State Number: 29480 Type of Unit: Passenge Capacity: 3500 Manuf: TKE Landings: 4 Installed: 06/26/2014 | | assenger | Speed: 125 | | |
| | | | | | |
| | | /2014 | | | |
| Volts: 208 | Complied: | Complied: | | Entrances: 1 | |
| OWNER | • | OCCUPANT | | | |
| | EAST COAST HOSPITALITY HOLIDAY INN EXPRESS SOUTHPORT | | | | |
| 719 W 15TH ST STE 11 | | HWY 211 | OCTIN ORT | | |
| JACKSONVILLE, NC, 27889 | | SOUTHPORT, NC, 28461 | | | |
| | | PECTION INFORMATION | | | |
| Inspection Date 08/25/2014 | Type Inspection New | Certificate Status Issued | Inspector 48 - Martin | County BRUNSWICK | |
| | | VIOLATIONS | | | |
| | | | | | |
| complainace with current codes. Violations pointed out to: Bob H | iting on Corrected Violations Form w | - | Inspector | bring your equipment into | |
| THIS IS NOT AN INVOICE | To make changes to the invoice mai | iling address please call: 919-7 EAST COAST HOSPIT 719 W 15TH ST STE 11 LACKSONVILLE NO | ALITY | | |