



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](http://www.nclabor.com/elevator.htm)  
919-707-7927

Report Number  
**14272-59-0022**  
State Number  
**23383**

EQUIPMENT INSPECTED

|                                     |                         |                        |
|-------------------------------------|-------------------------|------------------------|
| State Number: <b>23383</b>          | Type of Unit: Passenger | Floor to Floor: B to 3 |
| Capacity: 2500                      | Manuf: OTIS             | Speed: 125             |
| Landings: 3                         | Installed: 01/26/2007   | Rope Size: 0           |
| Volts: 208                          | Complied:               | Entrances: 2           |
| OWNER                               |                         | OCCUPANT               |
| 21 BATTERY PARK, LLC                |                         | 21 BATTERY PARK CONDOS |
| C/O IPM CORP./ATTN: STEPHANIE CLARK |                         | 21 BATTERY PARK AVE    |
| ARDEN, NC, 28704-0580               |                         | ASHEVILLE, NC, 28801   |

INSPECTION INFORMATION

|                               |                            |                                 |                          |                    |      |
|-------------------------------|----------------------------|---------------------------------|--------------------------|--------------------|------|
| Inspection Date<br>09/29/2014 | Type Inspection<br>Routine | Certificate Status<br>Re-issued | Inspector<br>59 - Cannon | County<br>BUNCOMBE | 11 B |
|-------------------------------|----------------------------|---------------------------------|--------------------------|--------------------|------|

VIOLATIONS

- 8.6.1.6.5 Provide a class ABC fire extinguisher in machinery space. Needs inspection.
- 8.11.1.6 Provide the missing metal tag in the machine room with all pertinent information of the test performed. (Category 3 & 5 electric elevators; category 1, 3, 5 hydraulic elevators) Need cat 5
- 8.6.5.16.5 Five year on overspeed valve.

Items must be corrected by: 10/09/2014

Elevator Name: ELEVATOR # 3

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

Violations pointed out to: Stephanie Clark

Inspector \_\_\_\_\_

THIS IS NOT AN  
INVOICE

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

An invoice will be mailed to:

21 BATTERY PARK, LLC  
C/O IPM CORP./ATTN: STEPHANIE CLARK  
ARDEN, NC, 28704-0580