## NCDOL N.C. Department of Labor

INVOICE

An invoice will be mailed to:

## 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 14321-48-3277 State Number 26681

		EQUIPMENT INSPECTED			
State Number: 26681	Type of Unit: Passenger		Floor to Floor: 1 to 2		
Capacity: 2500	Manuf: SCH	Manuf: SCHINDLER		Speed: 100	
Landings: 2	Installed: 04/14/2009 Complied: 04/14/2009		Rope Size: Entrances: 1		
Volts: 480					
OWNER		OCCUPANT			
BALD HEAD ISLAND LIMITED	DEEP POINT MAI		FERRY TERMINAL		
P O BOX 3069	1301 FERRY ROAD SOUTHPORT, NC, 28461				
BALD HEAD ISLAND, NC, 28461					
	Ι	NSPECTION INFORMATION			
Inspection Date 11/17/2014	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK	
		VIOLATIONS			
Items must be corrected by: 12/17/ Notify the Elevator Bureau in writing complainace with current codes.	on Corrected Violations Form	n when the following corrections		bring your equipment into	
Violations pointed out to: ANTHONY					
	nake changes to the invoice 1	mailing address please call: 919-7	733-0372		
THIS IS NOT AN	BALD HEAD ISLAND LIMITED				

P O BOX 3069

BALD HEAD ISLAND, NC, 28461