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
**15049-36-179**
State Number
**17093**

EQUIPMENT INSPECTED

| | | |
|---|---|---|
| State Number: **17093** | Type of Unit: Passenger | Floor to Floor: LL to 3 |
| Capacity: 2500 | Manuf: OTIS | Speed: 125 |
| Landings: 4 | Installed: 06/23/1997 | Rope Size: 3/8 |
| Volts: 480 | Complied: 08/04/2003 | Entrances: 1 |

OWNER
BURLINGTON INSURANCE GROUP
238 INTERNATIONAL
BURLINGTON, NC, 27215

OCCUPANT
BURLINGTON INSURANCE GROUP
238 INTERNATOINAL
BURLINGTON, NC, 27215

INSPECTION INFORMATION

| Inspection Date | Type Inspection | Certificate Status | Inspector | County |
|---|---|---|---|---|
| 02/18/2015 | Routine | Not Issued | 36 - Kirkman | ALAMANCE |

1

VIOLATIONS

none found

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

Violations pointed out to: jack336-229-9090 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:
BURLINGTON INSURANCE GROUP
238 INTERNATIONAL
BURLINGTON, NC, 27215