

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 16069-48-2432 State Number 23971

			EQUIPMENT INSPECTED			
State Number: 23971 Type of Unit: Pa			'assenger	Floor to Flo	Floor to Floor: 1 to 3	
Capacity: 2000 Manuf: THYSSE			=			
Landings: 3 Installed: 05/17/2			//2006	Rope Size: 0		
Volts: 230		Complied: 05/1	2006 Entrances: 1		1	
OWNER			OCCUPANT			
THE WOODL	ANDS @ CRO	W CREEK	CR	CROW CREEK CONDO #9		
10255 BEACH	_		23:	235 WOODLANDS WAY		
CALABASH,	NC, 28467		CA	CALABASH, NC, 28467		
			NSPECTION INFORMATION			
Inspection Date Typ 03/09/2016		Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK	10
			VIOLATIONS			
2.27.3.1		Put the Phase I fire service feature in proper working order. [FIRE HAT]				
2.27.3.3	Put the Phase II fire service feature in proper working order. [STOP SW.] Put the in car emergency telephone in proper working order.					
2.2.5.1	Put the pit lights in proper working order.					
8.6.4.7.1	Clean the elevator pit.					
8.0.4.7.1	Cicali tile c	icvator pit.				
Items must l	be corrected by:	04/08/2016				

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

THIS IS NOT AN INVOICE

complainace with current codes.

Violations pointed out to: UNAVAILABLE

THE WOODLANDS @ CROW CREEK

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

An invoice will be mailed to: 10255 BEACH DR SW CALABASH, NC, 28467

Inspector __