

THIS IS NOT AN

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 16074-36-3635 State Number 23959

1

EQUIPMENT INSPECTED					
State Number: 23959 Capacity: 2500	Type of Unit: Pas Manuf: OTIS	Type of Unit: Passenger Manuf: OTIS		Floor to Floor: 1 to 3 Speed: 100	
Landings: 3	Installed: 12/11/20	006	Rope Size: 0		
Volts: 208	Complied: 12/11/2	2006	Entrances: 1		
OWNER		OCCUPA	OCCUPANT		
SLATTER MNG SERVICES II	NC	WINDEMERE CONDOS			
4125 G WALKER AVE		3010 WINSTON DR			
GREENSBORO, NC, 27407		BURLINSTON, NC, 27215			
	INSP	ECTION INFORMATION			
Inspection Date 03/14/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
2.2.5.1 Put the p	oit lights in proper working order.				
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2.2.5.1 Put the p		Elevator Name	:: WANDA 336-272-0641		
Items must be corrected by: 0				ng your equipment into	

SLATTER MNG SERVICES INC

4125 G WALKER AVE GREENSBORO, NC, 27407