

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 **16113-36-5518** State Number **17273** 

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		EQUIPMENT INSPECTED		
State Number: <b>17273</b>	Type of Unit: D	oumbwaiter	Floor to Floor: 1 to 2	
Capacity: 500	Manuf: MATOT		Speed: 50	
Landings: 2	Installed: 10/31/1997		Rope Size: 3/16	
Volts: 208	Complied: 10/31/1997		Entrances: 1	
OWNER		OCCUPANT		
YADKIN BANK	YADKIN BANK			
P.O. BOX 1837	708 S CHURCH ST			
BURLINGTON, NC, 27215		BURLINGTON, NC, 27215		
	IN	SPECTION INFORMATION		
Inspection Date 04/22/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
		VIOLATIONS		
Notify the Elevator Bureau in writing omplainace with current codes.	ng on Corrected Violations Form	when the following corrections	have been made in order to bri	ng your equipment into
Violations pointed out to: TRACY BROOKS 336-532-7500			Inspector	
Т	o make changes to the invoice m	nailing address please call: 919-73	33-0372	
THIS IS NOT AN	<i>5</i> 3100 II	YADKIN BANK	•	

P.O. BOX 1837

BURLINGTON, NC, 27215