

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 **16131-48-3688** State Number **26649**

		EQUIPMENT INSPECTED		
State Number: 26649 Capacity: 3000 Landings: 3 Volts: 208	Type of Unit Manuf: OTI Installed: 04 Complied:	S	Floor to Floor: 1 to 3 Speed: 125 Rope Size: Entrances: 1	
OWNER LELAND HOLDINGS,LLC ADB HOLIDAYINN EXPRE 1020 GRANDIFLORA DRIVE LELAND, NC, 28451			OCCUPANT HOLIDAYINN EXPRESS 1020 GRANDIFLORA DRIVE LELAND, NC, 28451	
]	INSPECTION INFORMATION		
Inspection Date 05/10/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK
		VIOLATIONS		
Items must be corrected by:	07/10/2016		Elevator Nan	ne: # 1
Notify the Elevator Bureau in w complainace with current codes.	riting on Corrected Violations For	m when the following corrections	have been made in order to	bring your equipment into
Violations pointed out to: T. Green			Inspector	
To make changes to the invoice mailing address please call: 919-733-0372 THIS IS NOT AN INVOICE An invoice will be mailed to: LELAND HOLDINGS,LLC ADB HOLIDAYINN EXPRE 1020 GRANDIFLORA DRIVE LELAND, NC, 28451				