

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 16172-48-0318 State Number 23912

		EQUIPMENT INSPECTED			
State Number: 23912 Type of Unit: Passenger		Passenger	Floor to Floor: 1 to 2 Speed: 100 Rope Size: 0 Entrances: 1		
Capacity: 2000	ity: 2000 Manuf: OTIS ngs: 2 Installed: 09/12/2006				
Landings: 2					
Volts: 208					
OWNER		OCCUPANT	OCCUPANT		
BRUNSWICK CO FARM BUREAU		BURNSWICK C	O FARM BUREAU	BUREAU	
4560 WHITE STREET		4560 WHITE ST	STREET		
SHALLOTTE, NC, 28459	SHALLOTTE, NC, 28459				
	I	NSPECTION INFORMATION			
Inspection Date 06/20/2016	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK	
		VIOLATIONS			
Elevator Name: # 1					
otify the Elevator Bureau in writing of mplainace with current codes.	n Corrected Violations Form	n when the following corrections	have been made in order to	bring your equipment into	
olations pointed out to: RODNEY BROWN Inspector					
To m	ake changes to the invoice i	mailing address please call: 919-7	33-0372		
THIS IS NOT AN	BRUNSWICK CO FARM BUREAU				

4560 WHITE STREET

SHALLOTTE, NC, 28459