

THIS IS NOT AN

INVOICE

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 16350-73-3039 State Number 17241

EQUIPMENT INSPECTED						
State Number: 17241 Typ		Type of Unit: P	Type of Unit: Passenger		Floor to Floor: 1 to 4	
Capacity: 2500 Man		Manuf: OTIS	Manuf: OTIS		Speed: 125	
Landings: 4 Installed		Installed: 04/14	-/1998	Rope Size:		
Volts: 208 Comp		Complied: 04/1	Complied: 04/15/1998		Entrances: 1	
OWNER			OCCUPANT			
FCM BURLINGTON LLC			COURTYARD BY MARRIOTT			
PO BOX 7246			3141 WILSON DRIVE			
ROCKY MOUNT, NC, 27804		BURLINGTON, NC, 27215				
		INS	SPECTION INFORMATION			
Inspection Date 12/15/2016		Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
			VIOLATIONS			
2.27.1.1.2	Put the in ca	he in car emergency telephone in proper working order.				
8.6		mp pump in proper working order				
3.6	Make elevate	Make elevator equipment room door self closing self locking				
8.6	Clean the ele	Clean the elevator pit				
Items must be	e corrected by: 02/1	5/2017				
Notify the Elevato omplainace with		on Corrected Violations Form v	when the following corrections have	ve been made in order to bri	ng your equipment into	
Violations pointed out to: maintanence			Inspector			

PO BOX 7246

FCM BURLINGTON LLC

ROCKY MOUNT, NC, 27804

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

An invoice will be mailed to: