

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 9302-24-3992 State Number 23383

EQUIPMENT INSPECTED						
State Number: 23383		• •	Type of Unit: Passenger		Floor to Floor: B to 3	
Capacity: 2500 Manuf: OTI			1			
8 -		Installed: 01/	26/2007	=	Rope Size: 0	
Volts: 208 Compli		Complied:			2	
OWNER	R.		OC	CUPANT		
21 BATTERY PARK, LLC			21 BATTERY PARK CONDOS			
C/O IPM CORP./ATTN: TAMMY JONES			21 BATTERY PARK AVE			
ARDEN, NC, 28704-0580			ASHEVILLE, NC, 28801			
			NSPECTION INFORMATION			
Inspection Date 10/29/2009		Type Inspection Routine	Certificate Status Re-issued	Inspector 24 - Moore	County BUNCOMBE	 11 B
			VIOLATIONS			
8.6.10.1	Update the monthly fire service log.					
2.2.5.1	Put the pit lights in proper working order. One bulb out. 2ND NOTICE !!!!!					
8.6.1.2.1	1.2.1 Provide a written maintenance program. Locate a sign on the controller for location and reporting defects.					

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

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into

THIS IS NOT AN INVOICE

complainace with current codes.

Violations pointed out to: Mailed to IPM

Items must be corrected by: 11/28/2009

21 BATTERY PARK, LLC
An invoice will be mailed to: C/O IPM CORP./ATTN: TA

C/O IPM CORP./ATTN: TAMMY JONES

Elevator Name: ELEVATOR #3

Inspector ___

ARDEN, NC, 28704-0580