

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 9310-16-3466
State Number N7.4

	E	EQUIPMENT INSPECTED			
State Number: N7.4	Type of Unit: Pas	senger	Floor to Floor: B to	Floor to Floor: B to 3	
Capacity: 2000	Manuf: SOUTHE	Manuf: SOUTHERN			
Landings: 4	Installed: 06/03/19	Installed: 06/03/1975			
Volts: 220	Complied: 06/03/	Complied: 06/03/1975			
OWNER		OCCUPANT			
CITY OF WASHINGTON	WASHINGTON MUNICIPAL BLDG				
PO BOX 1988		100 SECOND ST			
WASHINGTON, NC, 27889		WASHINGTON, NC, 27889			
	INS	SPECTION INFORMATION			
Inspection Date 11/06/2009	Type Inspection Alteration	Certificate Status Issued	Inspector 16 - Moore	County BEAUFORT	
		VIOLATIONS			
otify the Elevator Bureau in womplainace with current codes ficial tions pointed out to: South		when the following corrections have	ve been made in order to brin		
	To make changes to the invoice ma	uiling address please call: 919-733-			
THIS IS NOT AN INVOICE	An invoice will be mailed to:	CITY OF WASHINGTON PO BOX 1988 WASHINGTON NC 2788			