

## 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 9314-48-5977
State Number 20069

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EQUIPMENT INSPECTED				
State Number: 20069	Type of Unit: Passenger		Floor to Floor: 1 to 3	
Capacity: 2500	Manuf: KONE		Speed: 100	
Landings: 3	Installed: 05/03/2002		Rope Size:	
Volts: 480	Complied: 05/08/2002		Entrances: 1	
OWNER	OCCUPANT			
COMFORT SUITES SOUTHPORT	COMFORT SUITES SOUTHPORT			
4963 SOUTHPORT SUPPLY RD	4963 SOUTHPORT SUPPLY RD			
SOUTHPORT, NC, 28291	SOUTHPORT, NC, 28291			
		NSPECTION INFORMATION		
Inspection Date 11/10/2009	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK
		VIOLATIONS		
2.27.1.1.2 Put the pit lights in proper 2.27.1.1.2 Put the in car emergency to 8.6.4.8.2 Articles or materials not not be a second or se	elephone in proper working		not be stored in machine ro	oms and machinery spaces.

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: JERRY

Items must be corrected by: 11/30/2009

An invoice will be mailed to:

COMFORT SUITES SOUTHPORT 4963 SOUTHPORT SUPPLY RD SOUTHPORT, NC, 28291

Inspector \_\_\_