County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

INNSLAKE CENTER OFFICE BLDG
4355 INNSLAKE DR
GLEN ALLEN VA 23059

Equipment Information

Key Location:	KEYBOX AT FRT. DOOR
Alarm Status:	NONE
Elevator ID #:	ELV2001-00004
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**1993**

Owner / Agent

ATTN: MONIQUE DOUCETTE
HIGHWOODS PROPERTIES INC
4501 HIGHWOODS PKWY, STE 400
GLEN ALLEN VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: MONIQUE.DOUCETTE@HIGHWOODS.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

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(Attach additional sheets as needed.)

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Building Location

INNSLAKE CENTER OFFICE BLDG
4355 INNSLAKE DR
GLEN ALLEN VA 23059

Equipment Information

Key Location:	KEYBOX AT FRT. DOOR
Alarm Status:	NONE
Elevator ID #:	ELV2001-00004
Equipment #:	2
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**1993**

Owner / Agent

ATTN: MONIQUE DOUCETTE
HIGHWOODS PROPERTIES INC
4501 HIGHWOODS PKWY, STE 400
GLEN ALLEN VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: MONIQUE.DOUCETTE@HIGHWOODS.COM

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Inspector Signature: _____

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Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

CITIZENS ONE MORTGAGE
10561 TELEGRAPH RD
GLEN ALLEN VA 23059

Owner / Agent

ATTN: MIKE JAMES
CBRE-RICHMOND
6641 W. BROAD ST.
RICHMOND VA 23230

PHONE:
FAX: () -
EMAIL: MIKE.JAMES@CBRE-RICHMOND.COM

Equipment Information

Key Location:	RECPT. DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00005
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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Building Location

CITIZENS ONE MORTGAGE
10561 TELEGRAPH RD
GLEN ALLEN VA 23059

Owner / Agent

ATTN: MIKE JAMES
CBRE-RICHMOND
6641 W. BROAD ST.
RICHMOND VA 23230

PHONE:
FAX: () -
EMAIL: MIKE.JAMES@CBRE-RICHMOND.COM

Equipment Information

Key Location:	RECPT. DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00005
Equipment #:	2
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

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Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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Building Location

5211 BUILDING
5211 W BROAD ST
RICHMOND VA 23230

Equipment Information

Key Location:	1ST\FL LOBBY
Alarm Status:	NONE
Elevator ID #:	ELV2001-00204
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: TERI L. COOPER
BERNSTEIN PROPERTIES
5206 MARKEL RD, SUITE 306
RICHMOND VA 23230

PHONE: (804) 288-1232
FAX: (804) 288-3703
EMAIL: _____

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

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Building Location

NORFOLK WIRE AND ELECTRONICS
5901 W BROAD ST
RICHMOND VA 23230

Owner / Agent

ATTN: DERYL ZALEWSKI
NORFOLK WIRE AND ELECTRONIC
5901 W BROAD ST
RICHMOND VA 23230

PHONE: (804) 282-1300
FAX: (804) 266-6560
EMAIL: MIKE.DAVIS@NORFOLKWIRE.COM

Equipment Information

Key Location:	DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00205
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1960**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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Building Location

HAMPTON EQUITY LLC
6010 W BROAD ST
RICHMOND VA 23230

Owner / Agent

ATTN: DR. ENG
HAMPTON EQUITY LLC
5311 PATTERSON AVE
RICHMOND VA 23226

PHONE: (804) 971-5153
FAX: (804) 285-0613
EMAIL: BILLYENG1@AOL.COM

Equipment Information

Key Location:	RECPT. DESK
Alarm Status:	NOT ALARMED
Elevator ID #:	ELV2001-00220
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1971**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

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Building Location

THE MEDICAL SOCIETY OF VA.
2924 EMERYWOOD PKWY
HENRICO VA 23229

Equipment Information

Key Location:	3R/D FL. / RECPT DSK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00224
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1978**

Owner / Agent

ATTN: DANIEL BRADFORD
COMMONWEALTH COMMERCIAL
4198 COX RD.
GLEN ALLEN VA 23060

PHONE: (804) 228-4926
FAX: (804) 346-5901
EMAIL: DANIEL.BRADFORD@COMMONWEALTH COMME

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
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Fax: (804) 501-4984

Building Location

THE MEDICAL SOCIETY OF VA.
2924 EMERYWOOD PKWY
HENRICO VA 23229

Equipment Information

Key Location:	3R/D FL. / RECPT DSK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00224
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1978**

Owner / Agent

ATTN: DANIEL BRADFORD
COMMONWEALTH COMMERCIAL
4198 COX RD.
GLEN ALLEN VA 23060

PHONE: (804) 228-4926
FAX: (804) 346-5901
EMAIL: DANIEL.BRADFORD@COMMONWEALTH COMME

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
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Building Location

MOTEL 6 STUDIO 6
7831 SHRADER RD
HENRICO VA 23228

Equipment Information

Key Location:	SEE MAINT.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00237
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: SARAH BRUMFIELD
MOTEL 6 STUDIO 6
7831 SHRADER RD
HENRICO VA 23228

PHONE: (804) 273-6100
FAX: (804) 273-6048
EMAIL: STUDIO6RICHMOND_GM@HP-HOTELS.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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Building Location

PEMBROOKE MEDICAL BUILDING
2301 N PARHAM RD
HENRICO VA 23229

Equipment Information

Key Location:	1ST. FL. OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2001-00239
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: STEFAN CAMETAS
DR. JOHN G. CAMETAS MD
P.O. BOX 268
MANAKIN-SABOT VA 23103

PHONE: (804) 977-6550
FAX: (540) 628-8548
EMAIL: KATHARINEGOTTLIEB@GMAIL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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Fax: (804) 501-4984

Building Location

HUNDLEY LAW BUILDING
4908 MONUMENT AVE
RICHMOND VA 23230

Owner / Agent

ATTN: CHARLES W. HUNDLEY
HUNDLEY COMMERCIAL PROPERTIES LLC
4908 MONUMENT AVE, SUITE 200
RICHMOND VA 23230

PHONE: (804) 254-4900
FAX: (804) 257-9813
EMAIL: CHUNDLEY@HUNDLEYLAW.ORG

Equipment Information

Key Location:	2/ND FL. RECPT.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00252
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1965**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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Fax: (804) 501-4984

Building Location

PARAGON I
6800 PARAGON PL
RICHMOND VA 23230

Equipment Information

Key Location:	ROOM 226
Alarm Status:	!!!!!!ALARMED!!!!!!!
Elevator ID #:	ELV2001-00280
Equipment #:	1
Equipment Type:	Elevator

Code In Effect:

Owner / Agent

ATTN: AMANDA TYSON
BRANDYWINE REALTY TRUST
300 ARBORETUM PL. SUITE 300
RICHMOND VA 23236

PHONE: (804) 330-3900
FAX: (804) 330-4450
EMAIL: AMANDA.TYSON@BONREIT@AOL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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Building Location

PARAGON I
6800 PARAGON PL
RICHMOND VA 23230

Equipment Information

Key Location:	ROOM 226
Alarm Status:	!!!!!!ALARMED!!!!!!!
Elevator ID #:	ELV2001-00280
Equipment #:	2
Equipment Type:	Elevator

Code In Effect:

Owner / Agent

ATTN: AMANDA TYSON
BRANDYWINE REALTY TRUST
300 ARBORETUM PL. SUITE 300
RICHMOND VA 23236

PHONE: (804) 330-3900
FAX: (804) 330-4450
EMAIL: AMANDA.TYSON@BONREIT@AOL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

The _____ performed

on _____ of this equipment has revealed the following conditions:

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

PARAGON I
6800 PARAGON PL
RICHMOND VA 23230

Equipment Information

Key Location:	ROOM 226
Alarm Status:	!!!!!!ALARMED!!!!!!!
Elevator ID #:	ELV2001-00280
Equipment #:	3
Equipment Type:	Elevator

Code In Effect:

Owner / Agent

ATTN: AMANDA TYSON
BRANDYWINE REALTY TRUST
300 ARBORETUM PL. SUITE 300
RICHMOND VA 23236

PHONE: (804) 330-3900
FAX: (804) 330-4450
EMAIL: AMANDA.TYSON@BONREIT@AOL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

PARAGON I
6800 PARAGON PL
RICHMOND VA 23230

Equipment Information

Key Location:	ROOM 226
Alarm Status:	!!!!!!ALARMED!!!!!!!
Elevator ID #:	ELV2001-00280
Equipment #:	4
Equipment Type:	Elevator

Code In Effect:

Owner / Agent

ATTN: AMANDA TYSON
BRANDYWINE REALTY TRUST
300 ARBORETUM PL. SUITE 300
RICHMOND VA 23236

PHONE: (804) 330-3900
FAX: (804) 330-4450
EMAIL: AMANDA.TYSON@BONREIT@AOL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

PARAGON II
6802 PARAGON PL
RICHMOND VA 23230

Equipment Information

Key Location:	RM.205
Alarm Status:	=======ALARMED====
Elevator ID #:	ELV2001-00281
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1987**

Owner / Agent

ATTN: AMANDA TYSON
BRANDYWINE REALTY TRUST
300 ARBORETUM PL, SUITE 300
RICHMOND VA 23236

PHONE: (804) 330-3900
FAX: (804) 330-4450
EMAIL: AMANDA.TYSON@BONREIT@AOL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

PARAGON II
6802 PARAGON PL
RICHMOND VA 23230

Equipment Information

Key Location:	RM.205
Alarm Status:	=======ALARMED====
Elevator ID #:	ELV2001-00281
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1987**

Owner / Agent

ATTN: AMANDA TYSON
BRANDYWINE REALTY TRUST
300 ARBORETUM PL, SUITE 300
RICHMOND VA 23236

PHONE: (804) 330-3900
FAX: (804) 330-4450
EMAIL: AMANDA.TYSON@BONREIT@AOL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

PARAGON II
6802 PARAGON PL
RICHMOND VA 23230

Equipment Information

Key Location:	RM.205
Alarm Status:	=======ALARMED====
Elevator ID #:	ELV2001-00281
Equipment #:	3
Equipment Type:	Elevator
Code In Effect:	**1987**

Owner / Agent

ATTN: AMANDA TYSON
BRANDYWINE REALTY TRUST
300 ARBORETUM PL, SUITE 300
RICHMOND VA 23236

PHONE: (804) 330-3900
FAX: (804) 330-4450
EMAIL: AMANDA.TYSON@BONREIT@AOL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

1518 WILLOW LAWN LLC
1518 WILLOW LAWN DR
RICHMOND VA 23230

Equipment Information

Key Location:	3RD.FL.FRONT DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00301
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1955**

Owner / Agent

ATTN: _____
1518 WILLOW LAWN LLC
400 LOCUST GROVE AVE SUITE 3
CHARLOTTESVILLE, VA. 22902

PHONE:
FAX: () -
EMAIL: _____

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

1512 WILLOW LAWN LLC
1512 WILLOW LAWN DR
RICHMOND VA 23230

Owner / Agent

ATTN: JIMMY STANLEY
1512 WILLOW LAWN LLC
PO BOX 35745
N CHESTERFIELD VA 23235

PHONE: (804) 662-7431
FAX: (804) 730-7727
EMAIL: CGOVES@GMAIL.COM

Equipment Information

Key Location:	3RD.FL.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00302
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1965**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WINDMILL PROPERTIES LC
1516 WILLOW LAWN DR, SUITE 100
RICHMOND VA 23230

Owner / Agent

ATTN: STEPHEN JOHNSON
ALLEN HOLDING COMPANY
1516 WILLOW LAWN DR. SUITE 101
RICHMOND VA 23230

PHONE: (804) 285-5830
FAX: (804) 285-3722
EMAIL: STEPHEN@ACTISIT.COM

Equipment Information

Key Location:	1ST.FL.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00303
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1955**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

MARYLAND BUILDING
1510 WILLOW LAWN DR
RICHMOND VA 23230

Equipment Information

Key Location:	LOBBY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00304
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1960**

Owner / Agent

ATTN: HATCHER CRENSHAW
CRENSHAW REALTY
1910 BYRD AVE
RICHMOND VA 23230

PHONE: (804) 288-3189
FAX: (804) 285-3790
EMAIL: HATCHER3@COMCAST.NET

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

VIRGINIA PLAZA
1508 WILLOW LAWN DR
RICHMOND VA 23230

Owner / Agent

ATTN: HATCHER CRENSHAW
CRENSHAW REALTY
1910 BYRD AVE
RICHMOND VA 23230

PHONE: (804) 288-3189
FAX: (804) 285-3790
EMAIL: HATCHER3@COMCAST.NET

Equipment Information

Key Location:	LOBBY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00305
Equipment #:	1
Equipment Type:	Elevator

Code In Effect:

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

CATALYST BUILDING
1506 WILLOW LAWN DR
RICHMOND VA 23230

Owner / Agent

ATTN: HATCHER CRENSHAW
CRENSHAW REALTY
1910 BYRD AVE
RICHMOND VA 23230

PHONE: (804) 288-3189
FAX: (804) 285-3790
EMAIL: HATCHER3@COMCAST.NET

Equipment Information

Key Location:	LOBBY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00306
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1960**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

EXECUTIVE OFFICE BUILDING
1904 BYRD AV
RICHMOND VA 23230

Owner / Agent

ATTN: HATCHER CRENSHAW
CRENSHAW REALTY
1910 BYRD AVE
RICHMOND VA 23230

PHONE: (804) 288-3189
FAX: (804) 285-3790
EMAIL: HATCHER3@COMCAST.NET

Equipment Information

Key Location:	LOBBY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00351
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1960**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
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and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

BYRD BUILDING
1910 BYRD AV
RICHMOND VA 23230

Owner / Agent

ATTN: HATCHER CRENSHAW
BYRD AVE.LC.\CRENSHAW REALTY
1910 BYRD AVE
RICHMOND VA 23230

PHONE: (804) 288-3189
FAX: (804) 285-3790
EMAIL: HATCHER3@COMCAST.NET

Equipment Information

Key Location:	LOCK BOX \ OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2001-00352
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1960**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

PARHAM/64 OFFICE BUILDING
2807 PARHAM RD
HENRICO VA 23228

Owner / Agent

ATTN: HENRY BRIGGS
BRIGGS REALTY
2912 W. MOORE ST.
RICHMOND VA 23230

PHONE: (804) 355-5771
FAX: (804) 355-5772
EMAIL: BRIGGSREAL@AOL.COM

Equipment Information

Key Location:	KEY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00360
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

PARHAM/64 OFFICE BUILDING
2807 PARHAM RD
HENRICO VA 23228

Owner / Agent

ATTN: HENRY BRIGGS
BRIGGS REALTY
2912 W. MOORE ST.
RICHMOND VA 23230

PHONE: (804) 355-5771
FAX: (804) 355-5772
EMAIL: BRIGGSREAL@AOL.COM

Equipment Information

Key Location:	KEY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00360
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

ST. PAUL OFFICE BUILDING
2819 N PARHAM RD
HENRICO VA 23294

Owner / Agent

ATTN: STEPHEN LEIBOVIC
BARONG REAL ESTATE ASSOCIATES, LLC
3 SUMMIT DR
HENRICO VA 23229-8008

PHONE: (804) 673-4565
FAX: (804) 783-1920
EMAIL: RITA@SOUTHERNSTOVELOFTS.COM

Equipment Information

Key Location:	MAIL ROOM
Alarm Status:	NONE
Elevator ID #:	ELV2001-00364
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1971**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

RICHMOND ASSN. OF REALTORS
8975 THREE CHOPT RD
HENRICO VA 23229

Owner / Agent

ATTN: DOUG PULLAN
RICHMOND ASSN. OF REALTORS
8975 THREE CHOPT RD
HENRICO VA 23229

PHONE: (804) 422-5000
FAX: (804) 353-2700
EMAIL: DPULLAN@RAREALTORS.COM

Equipment Information

Key Location:	RECPT. DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00372
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1971/2012**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

FIRST COMMUNITY BANK
2702 N PARHAM RD
HENRICO VA 23294

Owner / Agent

ATTN: SHEILA CROOKS
FIRST COMMUNITY BANK
2702 N PARHAM RD
HENRICO VA 23294

PHONE: (804) 270-3327
FAX: (804) 270-2145
EMAIL: SECROOKS@FCBINC.COM

Equipment Information

Key Location:	BANK LOBBY
Alarm Status:	NONE
Elevator ID #:	ELV2001-00378
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1971**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

CATHOLIC DIOCESE OF RICHMOND
7800 CAROUSEL LN
HENRICO VA 23228

Owner / Agent

ATTN: MOST REV F X DILORENZO
CATHOLIC DIOCESE OF RICHMOND
7800 CAROUSEL LN
HENRICO VA 23228

PHONE: (804) 359-5661
FAX: (804) 358-9159
EMAIL: JMURPHY@RICHMONDDIOCESE.ORG

Equipment Information

Key Location:	BRK. GLASS BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00380
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1987**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
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P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

CONNECTS F.C.U.
7700 SHRADER RD
HENRICO VA 23228

Owner / Agent

ATTN: R. PERKINS
CONNECTS F.C.U.
7700 SHRADER RD
HENRICO VA 23228

PHONE: (804) 756-5000
FAX: (804) 756-5005
EMAIL: RPERKINS@CONNECTSFCU.ORG

Equipment Information

Key Location:	KEYBOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00382
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1990**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

ONE HOLLAND PLACE
2235 STAPLES MILL RD
RICHMOND VA 23230

Equipment Information

Key Location:	SECURITY DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00410
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1984**

Owner / Agent

ATTN: FELICIA WASHINGTON
REVA RICHMOND MT LLC.
6641 W. BROAD ST. STE101
RICHMOND VA 23236

PHONE: (804) 320-5500
FAX: (804) 320-4839
EMAIL: FELICIA.WASHINGTON@CBRE-RICHMOND.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

ONE HOLLAND PLACE
2235 STAPLES MILL RD
RICHMOND VA 23230

Equipment Information

Key Location:	SECURITY DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00410
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1984**

Owner / Agent

ATTN: FELICIA WASHINGTON
REVA RICHMOND MT LLC.
6641 W. BROAD ST. STE101
RICHMOND VA 23236

PHONE: (804) 320-5500
FAX: (804) 320-4839
EMAIL: FELICIA.WASHINGTON@CBRE-RICHMOND.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

STAPLES MILL PROFESSIONAL BL
2120 STAPLES MILL RD
RICHMOND VA 23230

Owner / Agent

ATTN: RYAN FITZ
2120 STAPLES MILL LLC
1554 OAK GROVE DR
MANAKIN SABOT VA 23103

PHONE: (804) 248-3360
FAX: (804) 355-0212
EMAIL: RYANF@DODSONCOMMERCIAL.COM

Equipment Information

Key Location:	2ND \ FL.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00412
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1971**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

ENTERPRISE CENTER
5310 MARKEL RD
RICHMOND VA 23230

Owner / Agent

ATTN: H.PETTIS LE COMPTE
ENTERPRISE CENTER PARTNERS
5310 MARKEL RD. SUITE 203
RICHMOND VA 23230

PHONE: (804) 285-8500
FAX: (804) 673-9110
EMAIL: JVIRGIN@SILINSURANCE.COM

Equipment Information

Key Location:	MAINT.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00426
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1960**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

THE CONTINENTAL BUILDING
5206 MARKEL RD
RICHMOND VA 23230

Equipment Information

Key Location:	3RD.FL. BERNSTIEN PR
Alarm Status:	NONE
Elevator ID #:	ELV2001-00427
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1960**

Owner / Agent

ATTN: TERI COOPER
BERNSTEIN PROPERTIES
5206 MARKET RD
RICHMOND VA 23230

PHONE: (804) 288-1232
FAX: (804) 288-3703
EMAIL: TERI.COOPER@BERNSTEIN-ENTERPRISES.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
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P.O. Box 90775
Henrico, VA 23273-0775
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Fax: (804) 501-4984

Building Location

IHEART MEDIA.RICHMOND
3245 BASIE RD
HENRICO VA 23228

Equipment Information

Key Location:	FRONT DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00481
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: MICHAEL FLEMING
IHEART MEDIA RICHMOND
3245 BASIE RD.
HENRICO VA 23228

PHONE: (804) 474-0182
FAX: (804) 612-6243
EMAIL: MICHAELFLEMMING@IHEARTMEDIA.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
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P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

UNISTAFF BUILDING
4914 RADFORD AVE
RICHMOND VA 23230

Equipment Information

Key Location:	KEY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00502
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1955**

Owner / Agent

ATTN: ATTN: E. HATCHER CRENSHAW III
RADFORD AVE LC, C/O CRENSHAW REALTY
1910 BYRD AVE
RICHMOND VA 23230

PHONE: (804) 288-3189
FAX: (804) 285-3790
EMAIL: HATCHER3@COMCAST.NET

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

The _____ performed

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

UNISTAFF BUILDING
4914 RADFORD AVE
RICHMOND VA 23230

Owner / Agent

ATTN: ATTN: E. HATCHER CRENSHAW III
RADFORD AVE LC, C/O CRENSHAW REALTY
1910 BYRD AVE
RICHMOND VA 23230

PHONE: (804) 288-3189
FAX: (804) 285-3790
EMAIL: HATCHER3@COMCAST.NET

Equipment Information

Key Location:	KEY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00502
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1955**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

THE GLEN BUILDING
4914 FITZHUGH AV
RICHMOND VA 23230

Owner / Agent

ATTN: H. PETTUS LECOMPT
LIM PROPERTIES
5310 MARKEL RD. SUITE 203
RICHMOND VA 23230

PHONE: (804) 288-8500
FAX: (804) 673-9110
EMAIL: HPLECOMPTE@AOL.COM

Equipment Information

Key Location:	2ND. FL.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00526
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1965**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

SAGER CENTER
4906 FITZHUGH AV
HENRICO VA 23230

Owner / Agent

ATTN: LINDA WARDEN
HOB SIGMON REALTY
3108 N. PARHAM RD. SUITE 604 C
HENRICO VA 23294

PHONE: (804) 346-9400
FAX: (804) 346-9463
EMAIL: RODSAGERLAW@AOL

Equipment Information

Key Location:	KEY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00527
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1965**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

MAILHANDLERS UNION LOCAL 305
4907 FITZHUGH AV SUITE 100
RICHMOND VA 23230

Owner / Agent

ATTN: LESLIE HAMLET
MAILHANDLERS UNION LOCAL 305
4907 FITZHUGH AVE
RICHMOND VA 23230

PHONE: (804) 358-4664
FAX: (804) 342-1082
EMAIL: KFLETCHER@MHU305.ORG

Equipment Information

Key Location:	OFFICE 1ST.FL
Alarm Status:	NONE
Elevator ID #:	ELV2001-00528
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1960**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

BLUE CHIP PROPERTIES LLC
5000 MONUMENT AV
RICHMOND VA 23230

Equipment Information

Key Location:	2ND.FL. RECPT.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00535
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1981**

Owner / Agent

ATTN: TRACI PARSLEY
CBRE
6641 W. BROAD ST.
RICHMOND VA 23230

PHONE: (804) 320-5500 Ext: 8681
FAX: (804) 320-4839
EMAIL: TRACI.PARSLEY@CBRE-RICHMOND.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

CORPORATE OFFICE CENTER
5004 MONUMENT AV
RICHMOND VA 23230

Equipment Information

Key Location:	J.PEARSON \ 5012
Alarm Status:	NONE
Elevator ID #:	ELV2001-00536
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1981**

Owner / Agent

ATTN: TRACI PARSLEY
CBRE
6641 W. BROAD ST.
RICHMOND VA 23230

PHONE: (804) 320-5500 Ext: 8681
FAX: (804) 320-4839
EMAIL: TRACI.PARSLEY@CBRE-RICHMOND.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

I V N A
5008 MONUMENT AVE
RICHMOND VA 23230

Owner / Agent

ATTN: TRACI PARSLEY
CBRE
6641 W. BROAD ST.
RICHMOND VA 23230

PHONE: (804) 320-5500 Ext: 8681
FAX: (804) 320-4839
EMAIL: TRACI.PARSLEY@CBRE-RICHMOND.COM

Equipment Information

Key Location:	C.CARTER \ MGR.OFF.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00537
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1981**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

MOSBY HOUSE
5012 MONUMENT AV
RICHMOND VA 23230

Equipment Information

Key Location:	J.PEARSON 5012
Alarm Status:	NONE
Elevator ID #:	ELV2001-00538
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1981**

Owner / Agent

ATTN: TRACI PARSLEY
C.B. RICHARD ELLIS
6641 W. BROAD ST.
RICHMOND, VA 23230

PHONE: (804) 320-5500 Ext: 8681
FAX: (804) 320-4839
EMAIL: TRACI.PARSLEY@CBRE-RICHMOND.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

DUNN HOUSE
5014 MONUMENT AV
RICHMOND VA 23230

Equipment Information

Key Location:	J.PEARSON \ 5012
Alarm Status:	NOT ALARMED
Elevator ID #:	ELV2001-00539
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1981**

Owner / Agent

ATTN: TRACI.PARSLEY
CBRE
6641 W. BROAD ST.
RICHMOND VA 23230

PHONE: (804) 320-5500 Ext: 8681
FAX: (804) 320-4839
EMAIL: TRACI.PARSLEY@CBRE-RICHMOND.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

COLLINS HOUSE
5016 MONUMENT AV
RICHMOND VA 23230

Equipment Information

Key Location:	J.PEARSON 5012
Alarm Status:	NONE
Elevator ID #:	ELV2001-00540
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1981**

Owner / Agent

ATTN: TRACI.PARSLEY
CBRE
6641 W. BROAD ST.
RICHMOND VA 23230

PHONE: (804) 320-5500 Ext: 8681
FAX: (804) 320-4839
EMAIL: TRACI.PARSLEY@CBRE-RICHMOND.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

CECIL HOUSE
5018 MONUMENT AV
RICHMOND VA 23230

Equipment Information

Key Location:	J.PEARSON 5012
Alarm Status:	NONE
Elevator ID #:	ELV2001-00541
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1981**

Owner / Agent

ATTN: TRACI PARSLEY
CBRE
6641 W. BROAD ST.
RICHMOND VA 23230

PHONE: (804) 320-5500 Ext: 8681
FAX: (804) 320-4839
EMAIL: TRACI.PARSLEY@CBRE-RICHMOND.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
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P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

ZOOM INVESTMENTS
5020 MONUMENT AVE
RICHMOND VA 23230

Equipment Information

Key Location:	MR.ZWERDLING
Alarm Status:	NOT ALARMED
Elevator ID #:	ELV2001-00542
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1981**

Owner / Agent

ATTN: TRACI PARSLEY
CBRE
6641 W. BROAD ST.
RICHMOND VA 23230

PHONE: (804) 320-5500 Ext: 8681
FAX: (804) 320-4839
EMAIL: TRACI.PARSLEY@CBRE-RICHMOND.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

GLENBURNIE REHAB/NURSING CENTER
1901 LIBBIE AVE
RICHMOND VA 23226

Owner / Agent

ATTN: K. BOWMAN
GLENBURNIE REHAB/NURSING CENTER
1901 LIBBIE AVE.
RICHMOND VA 23226

PHONE: (804) 281-3500
FAX: (804) 281-3525
EMAIL: KBOWMAN@CARE-ONE.COM

Equipment Information

Key Location:	MAINT. SHOP
Alarm Status:	NONE
Elevator ID #:	ELV2001-00552
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1965**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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The _____ performed

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

LAWRENCE BANK BUILDING
6924 LAKESIDE AVE
HENRICO VA 23228

Equipment Information

Key Location:	BSMT.STAIRS LOCK BO
Alarm Status:	NONE
Elevator ID #:	ELV2001-00601
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1960**

Owner / Agent

ATTN: PETER FRANCISCO
PETER L FRANCISCO CO
7517 N PINEHILL DR
HENRICO VA 23228

PHONE: (804) 262-6593
FAX: (804) 262-6593
EMAIL: PETER.FRANSISCO@VERIZON.NET

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

FRANCO'S CUSTOM TAILOR SHOP
5321 LAKESIDE AV
HENRICO VA 23228

Owner / Agent

ATTN: KEVIN REARDON
FRANCO'S CUSTOM TAILOR SHOP
5321 LAKESIDE AVE
HENRICO VA 23228

PHONE: (804) 264-2994
FAX: (804) 262-1225
EMAIL: KEVIN@FRANCOS.COM

Equipment Information

Key Location:	OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2001-00604
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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Building Location

FRANCO'S CUSTOM TAILOR SHOP
5321 LAKESIDE AV
HENRICO VA 23228

Owner / Agent

ATTN: KEVIN REARDON
FRANCO'S CUSTOM TAILOR SHOP
5321 LAKESIDE AVE
HENRICO VA 23228

PHONE: (804) 264-2994
FAX: (804) 262-1225
EMAIL: KEVIN@FRANCOS.COM

Equipment Information

Key Location:	OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2001-00604
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1984**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

F.B.I. FIELD OFFICE
1970 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location:	J.GWYNN-MAINT. DEPT
Alarm Status:	ALARMED
Elevator ID #:	ELV2001-00606
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: ANDREW POWELL
FBI FIELD OFFICE
1970 E. PARHAM RD.
HENRICO VA 23228

PHONE: (804) 516-7438
FAX: (312) 266-5816
EMAIL: ANDREW.POWELL@CBRE-RICHMOND.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

F.B.I. FIELD OFFICE
1970 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location:	J.GWYNN-MAINT. DEPT
Alarm Status:	ALARMED
Elevator ID #:	ELV2001-00606
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: ANDREW POWELL
FBI FIELD OFFICE
1970 E. PARHAM RD.
HENRICO VA 23228

PHONE: (804) 516-7438
FAX: (312) 266-5816
EMAIL: ANDREW.POWELL@CBRE-RICHMOND.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

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County of Henrico
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P.O. Box 90775
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Fax: (804) 501-4984

Building Location

F.B.I. FIELD OFFICE
1970 E PARHAM RD
HENRICO VA 23228

Owner / Agent

ATTN: ANDREW POWELL
FBI FIELD OFFICE
1970 E. PARHAM RD.
HENRICO VA 23228

PHONE: (804) 516-7438
FAX: (312) 266-5816
EMAIL: ANDREW.POWELL@CBRE-RICHMOND.COM

Equipment Information

Key Location:	J.GWYNN-MAINT. DEPT
Alarm Status:	ALARMED
Elevator ID #:	ELV2001-00606
Equipment #:	3
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

MICROTEL INN & SUITES
6000 AUDUBON DR
SANDSTON VA 23150

Owner / Agent

ATTN: DEURAS DESAI
MICROTEL INN & SUITES
6000 AUDUBON DR
SANDSTON VA 23150

PHONE: (804) 737-3322
FAX: (804) 737-0807
EMAIL: DEURAJDESAI@AOL.COM

Equipment Information

Key Location:	FRONT DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00635
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

FAITH LANDMARK CHURCH
8491 CHAMBERLAYNE RD
RICHMOND VA 23227

Owner / Agent

ATTN: JAMES GILBERT
FAITH LANDMARK CHURCH
8491 CHAMBERLAYNE RD
RICHMOND VA 23227

PHONE: (804) 262-7104 Ext: 263
FAX: (804) 266-7127
EMAIL: JAGILBERT@FAITHLANDMARKS.ORG

Equipment Information

Key Location:	CHURCH OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2001-00656
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

HATCHER MEMORIAL BAPTIST CH
2320 DUMBARTON RD
HENRICO VA 23228

Owner / Agent

ATTN: SUSAN HATCHER
HATCHER MEMORIAL BAPTIST CH
2320 DUMBARTON RD
HENRICO VA 23228

PHONE: (804) 266-9696
FAX: (804) 266-5640
EMAIL: OFFICE@HATCHERCHURCH.ORG

Equipment Information

Key Location:	OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2001-00676
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1960/2010**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
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P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

ECONO LODGE
5203 WILLIAMSBURG RD.
SANDSTON VA 23150

Owner / Agent

ATTN: MIKE PATEL
ECONO LODGE
5203 WILLIAMSBURG RD
SANDSTON VA 23150V

PHONE: (804) 222-6450
FAX: (804) 226-4305
EMAIL: MIKEPATEL@GMAIL.COM

Equipment Information

Key Location:	LOBBY
Alarm Status:	NOT ALARMED
Elevator ID #:	ELV2001-00751
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1978**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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Building Location

ECONO LODGE
5203 WILLIAMSBURG RD.
SANDSTON VA 23150

Owner / Agent

ATTN: MIKE PATEL
ECONO LODGE
5203 WILLIAMSBURG RD
SANDSTON VA 23150V

PHONE: (804) 222-6450
FAX: (804) 226-4305
EMAIL: MIKEPATEL@GMAIL.COM

Equipment Information

Key Location:	LOBBY
Alarm Status:	NOT ALARMED
Elevator ID #:	ELV2001-00751
Equipment #:	3
Equipment Type:	Elevator
Code In Effect:	**1971**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
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Building Location

ECONO LODGE
5203 WILLIAMSBURG RD.
SANDSTON VA 23150

Owner / Agent

ATTN: MIKE PATEL
ECONO LODGE
5203 WILLIAMSBURG RD
SANDSTON VA 23150V

PHONE: (804) 222-6450
FAX: (804) 226-4305
EMAIL: MIKEPATEL@GMAIL.COM

Equipment Information

Key Location:	LOBBY
Alarm Status:	NOT ALARMED
Elevator ID #:	ELV2001-00751
Equipment #:	4
Equipment Type:	Elevator
Code In Effect:	**1978**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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Building Location

ECONO LODGE
5203 WILLIAMSBURG RD.
SANDSTON VA 23150

Owner / Agent

ATTN: MIKE PATEL
ECONO LODGE
5203 WILLIAMSBURG RD
SANDSTON VA 23150V

PHONE: (804) 222-6450
FAX: (804) 226-4305
EMAIL: MIKEPATEL@GMAIL.COM

Equipment Information

Key Location:	LOBBY
Alarm Status:	NOT ALARMED
Elevator ID #:	ELV2001-00751
Equipment #:	5
Equipment Type:	Elevator
Code In Effect:	**1978**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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The _____ performed

on _____ of this equipment has revealed the following conditions:

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

COUNTRY CLUB OF VIRGINIA
709 S GASKINS RD
HENRICO VA 23229

Owner / Agent

ATTN: WANDA ROBINSON
COUNTRY CLUB OF VIRGINIA
6031 ST. ANDREWS LN
RICHMOND VA 23226

PHONE: (804) 287-1448
FAX: (804) 287-1449
EMAIL: WANDA.ROBINSON@THECCV.ORG

Equipment Information

Key Location:	LOCK BOX - M.R.DOOR
Alarm Status:	NONE
Elevator ID #:	ELV2001-00806
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

VILLAGE SHOPPING CENTER
7027 THREE CHOPT RD, SUITE 210
RICHMOND VA 23226

Owner / Agent

ATTN: BETTIE LODGE
VILLAGE SHOPPING CENTER
PO BOX 7626
NXS# 581163-90084
MERRIFIELD VA 22116-7626
PHONE: (804) 288-3083
FAX: (804) 288-3082
EMAIL: HENRY@NEWLINKMG.COM

Equipment Information

Key Location:	BOX ON WALL
Alarm Status:	NONE
Elevator ID #:	ELV2001-00808
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1971**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
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and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WELBORNE PARK OFFICE BLDG.
1100 WELBORNE DR
HENRICO VA 23229

Equipment Information

Key Location:	3RD FL.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00830
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1960**

Owner / Agent

ATTN: STEVEN BIEGLER
BIEGLER FAMILY INVESTMENTS LLC
5911 W. BROAD ST.
HENRICO VA 23230

PHONE: (804) 855-1201
FAX: (804) 288-4512
EMAIL: JOHNMCHANDLER@HOTMAIL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

PARHAM ONE OFFICE BUILDING
827 PARHAM RD
HENRICO VA 23229

Owner / Agent

ATTN: KELLY MEEHAN
PARHAM SHOPPING CENTER LLC
C/O THALHIMERS
P.O. BOX 5160
GLEN ALLEN VA 23058
PHONE: (840) 697-3494
FAX: (804) 697-3566
EMAIL: KELLY MEEHAN@THALHIMER.COM

Equipment Information

Key Location:	BALL REALTY,2ND.FL.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00852
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

VIRGINIA EYE INSTITUTE
400 WESTHAMPTON STATION
RICHMOND VA 23226

Owner / Agent

ATTN: STEPHEN MARTZ - ENG. DEPT.
S.B.B. ASSOC.
400 WESTHAMPTON STATION
RICHMOND VA 23226

PHONE: (804) 287-4205
FAX: (804) 287-4256
EMAIL: MARTZS@VAEYE.COM

Equipment Information

Key Location:	KEYBOX AT 1ST\FL.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00875
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1984**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

CAPITAL ONE
10750 CAPITAL ONE WAY
GLEN ALLEN VA 23060

Owner / Agent

ATTN: DEREK KILDOO
CAPITAL ONE VA PROPERTY LLC
10500 CAPITAL ONE DR
MAILDROP # 12038-0152
RICHMOND VA 23228
PHONE: (804) 968-2480
FAX: (804) 968-3981
EMAIL: DEREK.KILDOO@CAPITALONE.COM

Equipment Information

Key Location:	RECEPTION DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00881
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1990**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
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P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

CAPITAL ONE
10750 CAPITAL ONE WAY
GLEN ALLEN VA 23060

Owner / Agent

ATTN: DEREK KILDOO
CAPITAL ONE VA PROPERTY LLC
10500 CAPITAL ONE DR
MAILDROP # 12038-0152
RICHMOND VA 23228
PHONE: (804) 968-2480
FAX: (804) 968-3981
EMAIL: DEREK.KILDOO@CAPITALONE.COM

Equipment Information

Key Location:	RECEPTION DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00881
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1990**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

CAPITAL ONE
10750 CAPITAL ONE WAY
GLEN ALLEN VA 23060

Owner / Agent

ATTN: DEREK KILDOO
CAPITAL ONE VA PROPERTY LLC
10500 CAPITAL ONE DR
MAILDROP # 12038-0152
RICHMOND VA 23228
PHONE: (804) 968-2480
FAX: (804) 968-3981
EMAIL: DEREK.KILDOO@CAPITALONE.COM

Equipment Information

Key Location:	RECEPTION DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00881
Equipment #:	3
Equipment Type:	Elevator
Code In Effect:	**1990**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

BARNES & NOBLE INC.
11640 W BROAD ST
HENRICO VA 23233

Owner / Agent

ATTN: JENNIFER ARNETTE
BARNES & NOBLE INC
11640 W BROAD ST
HENRICO VA 23233

PHONE: (804) 360-0103
FAX: (804) 360-3889
EMAIL: CRM2029@BN.COM

Equipment Information

Key Location:	SEE MANAGER
Alarm Status:	NONE
Elevator ID #:	ELV2001-00886
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

BARNES & NOBLE INC.
11640 W BROAD ST
HENRICO VA 23233

Owner / Agent

ATTN: JENNIFER ARNETTE
BARNES & NOBLE INC
11640 W BROAD ST
HENRICO VA 23233

PHONE: (804) 360-0103
FAX: (804) 360-3889
EMAIL: CRM2029@BN.COM

Equipment Information

Key Location:	SEE MANAGER
Alarm Status:	NONE
Elevator ID #:	ELV2001-00886
Equipment #:	2
Equipment Type:	Escalator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
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P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

BARNES & NOBLE INC.
11640 W BROAD ST
HENRICO VA 23233

Owner / Agent

ATTN: JENNIFER ARNETTE
BARNES & NOBLE INC
11640 W BROAD ST
HENRICO VA 23233

PHONE: (804) 360-0103
FAX: (804) 360-3889
EMAIL: CRM2029@BN.COM

Equipment Information

Key Location:	SEE MANAGER
Alarm Status:	NONE
Elevator ID #:	ELV2001-00886
Equipment #:	3
Equipment Type:	Escalator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

MAGELLAN
4240 COX RD
GLEN ALLEN VA 23060

Owner / Agent

ATTN: DWAYNE FARIA
MORTON G THALHIMERS
P.O. BOX 5160
GLEN ALLEN VA 23058

PHONE: (804) 648-5881
FAX: (804) 697-3565
EMAIL: DWAYNE.FARIA@THALHIMER.COM

Equipment Information

Key Location:	1/ST. FLOOR
Alarm Status:	NONE
Elevator ID #:	ELV2001-00889
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
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and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

HIGHWOODS PLAZA
4470 COX RD
GLEN ALLEN VA 23060

Equipment Information

Key Location:	FRONT DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00890
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: BRIAN MENDITTO
HIGHWOODS PROPERTIES
4501 HIGHWOODS PKWY
GLEN ALLEN VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: BRIAN.MENDITTO@HIGHWOODS.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

The _____ performed

on _____ of this equipment has revealed the following conditions:

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

HIGHWOODS PLAZA
4470 COX RD
GLEN ALLEN VA 23060

Owner / Agent

ATTN: BRIAN MENDITTO
HIGHWOODS PROPERTIES
4501 HIGHWOODS PKWY
GLEN ALLEN VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: BRIAN.MENDITTO@HIGHWOODS.COM

Equipment Information

Key Location:	FRONT DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00890
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

OVERLOOK I
4880 SADLER RD
GLEN ALLEN VA 23060

Owner / Agent

ATTN: AMANDA TYSON
BRANDYWINE REALTY TRUST
300 ARBORETUM PLACE STE 300
RICHMOND VA 23236

PHONE: (804) 330-5500
FAX: (804) 330-3905
EMAIL: AMANDA.TYSON@BONREIT.COM

Equipment Information

Key Location:	RECPT. DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00895
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1996**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

OVERLOOK I
4880 SADLER RD
GLEN ALLEN VA 23060

Owner / Agent

ATTN: AMANDA TYSON
BRANDYWINE REALTY TRUST
300 ARBORETUM PLACE STE 300
RICHMOND VA 23236

PHONE: (804) 330-5500
FAX: (804) 330-3905
EMAIL: AMANDA.TYSON@BONREIT.COM

Equipment Information

Key Location:	RECPT. DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00895
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1996**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

COLONNADE BUILDING
4050 INNSLAKE DR
GLEN ALLEN VA 23060

Owner / Agent

ATTN: TERRY NERO
HIGHWOODS PROPERTIES
4501 HIGHWOODS PKWY
GLEN ALLEN VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: TERRY.NERO@HIGHWOODS.COM

Equipment Information

Key Location:	KEY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00902
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1984**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

COLONNADE BUILDING
4050 INNSLAKE DR
GLEN ALLEN VA 23060

Owner / Agent

ATTN: TERRY NERO
HIGHWOODS PROPERTIES
4501 HIGHWOODS PKWY
GLEN ALLEN VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: TERRY.NERO@HIGHWOODS.COM

Equipment Information

Key Location:	KEY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00902
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1984**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

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Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

BANKS BROTHERS BUILDING
4461 COX RD
GLEN ALLEN VA 23060

Equipment Information

Key Location:	3RD.FL.
Alarm Status:	!!!!!!ALARMED!!!!!!!
Elevator ID #:	ELV2001-00903
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1981**

Owner / Agent

ATTN: DWAYNE FARIA
MORTON G THALHIMERS INC.
P.O. BOX 5160
GLEN ALLEN VA 23058

PHONE: (804) 697-3568
FAX: (804) 697-3559
EMAIL: DWAYNE.FARIA@THALHIMER.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

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Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

BANKS BROTHERS BUILDING
4461 COX RD
GLEN ALLEN VA 23060

Equipment Information

Key Location:	3RD.FL.
Alarm Status:	!!!!!!ALARMED!!!!!!!
Elevator ID #:	ELV2001-00903
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1981**

Owner / Agent

ATTN: DWAYNE FARIA
MORTON G THALHIMERS INC.
P.O. BOX 5160
GLEN ALLEN VA 23058

PHONE: (804) 697-3568
FAX: (804) 697-3559
EMAIL: DWAYNE.FARIA@THALHIMER.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

INNSBROOK CENTRE
4551 COX RD
GLEN ALLEN VA 23058

Owner / Agent

ATTN: SUZANNE ROSS
HIGHWOODS PROPERTIES
4501 HIGHWOODS PKWY
GLEN ALLEN VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: SUZANNE.ROSS@HIGHWOODS.COM

Equipment Information

Key Location:	MACH.RM.DOOR
Alarm Status:	NONE
Elevator ID #:	ELV2001-00904
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1981**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

INNSBROOK CENTRE
4551 COX RD
GLEN ALLEN VA 23058

Owner / Agent

ATTN: SUZANNE ROSS
HIGHWOODS PROPERTIES
4501 HIGHWOODS PKWY
GLEN ALLEN VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: SUZANNE.ROSS@HIGHWOODS.COM

Equipment Information

Key Location:	MACH.RM.DOOR
Alarm Status:	NONE
Elevator ID #:	ELV2001-00904
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1981**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

APEX SYSTEMS INC.
4400 COX RD
GLEN ALLEN VA 23060

Owner / Agent

ATTN: GREG NACHMAN
C B RICHARD ELLIS
P.O. BOX 13470
RICHMOND VA 23225

PHONE: (804) 320-5500
FAX: (804) 320-3905
EMAIL: GREG.NACHMAN@CBRE.COM

Equipment Information

Key Location:	1ST\FL OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2001-00905
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1990**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

INNSLAKE PLACE / KEITER STEPHENS
4401 DOMINION BLVD
GLEN ALLEN VA 23060

Owner / Agent

ATTN: MIKE JAMES
C.B.RICHARD ELLIS
P.O. BOX 13470
RICHMOND VA 23225

PHONE: (804) 320-5500
FAX: (804) 320-3905
EMAIL: STEPHEN.SNEED@CBRE.COM

Equipment Information

Key Location:	BOX AT ELEV.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00907
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1984**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

INNSLAKE PLACE / KEITER STEPHENS
4401 DOMINION BLVD
GLEN ALLEN VA 23060

Owner / Agent

ATTN: MIKE JAMES
C.B.RICHARD ELLIS
P.O. BOX 13470
RICHMOND VA 23225

PHONE: (804) 320-5500
FAX: (804) 320-3905
EMAIL: STEPHEN.SNEED@CBRE.COM

Equipment Information

Key Location:	BOX AT ELEV.
Alarm Status:	NONE
Elevator ID #:	ELV2001-00907
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1984**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

CAPITAL ONE - KNOLLS 5
10700 CAPITAL ONE WAY
GLEN ALLEN VA 23060

Owner / Agent

ATTN: DEREK KILDOO
JLL
15000 CAPITAL ONE DR
INTERNAL ZIP 12038-0100
RICHMOND VA 23238
PHONE: (804) 968-2480
FAX: (804) 968-3981
EMAIL: DEREK.KILDOO@CAPITALONE.COM

Equipment Information

Key Location:	RECPT DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00918
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1990**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

CAPITAL ONE - KNOLLS 5
10700 CAPITAL ONE WAY
GLEN ALLEN VA 23060

Owner / Agent

ATTN: DEREK KILDOO
JLL
15000 CAPITAL ONE DR
INTERNAL ZIP 12038-0100
RICHMOND VA 23238
PHONE: (804) 968-2480
FAX: (804) 968-3981
EMAIL: DEREK.KILDOO@CAPITALONE.COM

Equipment Information

Key Location:	RECPT DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00918
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1990**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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FAX: (804) 968-3981
EMAIL: DEREK.KILDOO@CAPITALONE.COM

Equipment Information

Key Location:	RECPT DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00918
Equipment #:	3
Equipment Type:	Elevator
Code In Effect:	**1990**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

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Building Location

THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Owner / Agent

ATTN: DAVE MILLIRON
THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

PHONE: (804) 474-8822
FAX: (804) 968-5543
EMAIL: DMILLIRON@PINNICLELIVING.ORG

Equipment Information

Key Location:	ENVIRONMENTAL SERV
Alarm Status:	NONE
Elevator ID #:	ELV2001-00962
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

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EMAIL: DMILLIRON@PINNICLELIVING.ORG

Equipment Information

Key Location:	ENVIRONMENTAL SERV
Alarm Status:	NONE
Elevator ID #:	ELV2001-00962
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

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Equipment Information

Key Location:	ENVIRONMENTAL SERV
Alarm Status:	NONE
Elevator ID #:	ELV2001-00962
Equipment #:	3
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

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EMAIL: DMILLIRON@PINNICLELIVING.ORG

Equipment Information

Key Location:	ENVIRONMENTAL SERV
Alarm Status:	NONE
Elevator ID #:	ELV2001-00962
Equipment #:	4
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

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Building Location

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HENRICO, VA 23233

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FAX: (804) 968-5543
EMAIL: DMILLIRON@PINNICLELIVING.ORG

Equipment Information

Key Location:	ENVIRONMENTAL SERV
Alarm Status:	NONE
Elevator ID #:	ELV2001-00962
Equipment #:	5
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

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Department of Building Construction
and Inspections

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Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Owner / Agent

ATTN: DAVE MILLIRON
THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

PHONE: (804) 474-8822
FAX: (804) 968-5543
EMAIL: DMILLIRON@PINNICLELIVING.ORG

Equipment Information

Key Location:	ENVIRONMENTAL SERV
Alarm Status:	NONE
Elevator ID #:	ELV2001-00962
Equipment #:	6
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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Equipment Information

Key Location:	ENVIRONMENTAL SERV
Alarm Status:	NONE
Elevator ID #:	ELV2001-00962
Equipment #:	7
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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HENRICO, VA 23233

PHONE: (804) 474-8822
FAX: (804) 968-5543
EMAIL: DMILLIRON@PINNICLELIVING.ORG

Equipment Information

Key Location:	ENVIRONMENTAL SERV
Alarm Status:	NONE
Elevator ID #:	ELV2001-00962
Equipment #:	8
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

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Equipment Information

Key Location:	ENVIRONMENTAL SERV
Alarm Status:	NONE
Elevator ID #:	ELV2001-00962
Equipment #:	9
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

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Equipment Information

Key Location:	ENVIRONMENTAL SERV
Alarm Status:	NONE
Elevator ID #:	ELV2001-00962
Equipment #:	10
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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FAX: (804) 968-5543
EMAIL: DMILLIRON@PINNICLELIVING.ORG

Equipment Information

Key Location:	ENVIRONMENTAL SERV
Alarm Status:	NONE
Elevator ID #:	ELV2001-00962
Equipment #:	12
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2010**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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The _____ performed

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

HIGHWOODS II
4860 COX RD
GLEN ALLEN VA 23060

Equipment Information

Key Location:	KEYBOX AT DOOR
Alarm Status:	NONE
Elevator ID #:	ELV2001-00965
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1990**

Owner / Agent

ATTN: MONIQUE DOUCETTE
HIGHWOOD\FORSYTH LTD.
4501 HIGHWOODS PKWY SUITE 400
GLEN ALLEN VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: MONIQUE.DOUCHETTE@HIGHWOODS.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
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Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

HIGHWOODS II
4860 COX RD
GLEN ALLEN VA 23060

Equipment Information

Key Location:	KEYBOX AT DOOR
Alarm Status:	NONE
Elevator ID #:	ELV2001-00965
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1990**

Owner / Agent

ATTN: MONIQUE DOUCETTE
HIGHWOOD\FORSYTH LTD.
4501 HIGHWOODS PKWY SUITE 400
GLEN ALLEN VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: MONIQUE.DOUCHETTE@HIGHWOODS.COM

Inspection Agency: _____

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Inspector Signature: _____

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WESTSHORE III BLDG.
301 CONCOURSE BLVD
GLEN ALLEN VA 23060

Owner / Agent

ATTN: SEAN M. DAVIS
WESTDALE REAL ESTATE INVESTMENT & MANAGEMENT
11551 NUCKOLS RD STE O
GLEN ALLEN VA 23059
PHONE: (804) 747-1551
FAX: (804) 774-8176
EMAIL: SEAN.DAVIS@WESTDALE.COM

Equipment Information

Key Location:	KEY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00968
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

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Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WESTSHORE III BLDG.
301 CONCOURSE BLVD
GLEN ALLEN VA 23060

Owner / Agent

ATTN: SEAN M. DAVIS
WESTDALE REAL ESTATE INVESTMENT & MANAGEMENT
11551 NUCKOLS RD STE O
GLEN ALLEN VA 23059
PHONE: (804) 747-1551
FAX: (804) 774-8176
EMAIL: SEAN.DAVIS@WESTDALE.COM

Equipment Information

Key Location:	KEY BOX
Alarm Status:	NONE
Elevator ID #:	ELV2001-00968
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

COMFORT SUITES
4051 INNSLAKE DR
GLEN ALLEN VA 23060

Owner / Agent

ATTN: KENISH PATEL
COMFORT SUITES
4051 INNSLAKE DR
GLEN ALLEN VA 23060

PHONE: (804) 217-9200
FAX: (804) 217-9205
EMAIL: ROBERT.YANCEY@SHAMINHOTELS.COM

Equipment Information

Key Location:	LOBBY DESK
Alarm Status:	NOT ALARMED
Elevator ID #:	ELV2001-00979
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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Fax: (804) 501-4984

Building Location

COMFORT SUITES
4051 INNSLAKE DR
GLEN ALLEN VA 23060

Owner / Agent

ATTN: KENISH PATEL
COMFORT SUITES
4051 INNSLAKE DR
GLEN ALLEN VA 23060

PHONE: (804) 217-9200
FAX: (804) 217-9205
EMAIL: ROBERT.YANCEY@SHAMINHOTELS.COM

Equipment Information

Key Location:	LOBBY DESK
Alarm Status:	NOT ALARMED
Elevator ID #:	ELV2001-00979
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

LIBERTY PLAZA
4801 COX RD
GLEN ALLEN, VA 23060

Equipment Information

Key Location:	SECURITY / MAINTENCE
Alarm Status:	NONE
Elevator ID #:	ELV2001-00980
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: PATRICIA HOGAN
LINGERFELT OFFICE PROPERTIES LLC
4198 COX RD, SUITE 200
GLEN ALLEN, VA 23060

PHONE: (804) 433-1804
FAX: (804) 346-5901
EMAIL: PHOGAN@COMMONWEALTHCOMMERCIAL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

LIBERTY PLAZA
4801 COX RD
GLEN ALLEN, VA 23060

Equipment Information

Key Location:	SECURITY / MAINTENCE
Alarm Status:	NONE
Elevator ID #:	ELV2001-00980
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: PATRICIA HOGAN
LINGERFELT OFFICE PROPERTIES LLC
4198 COX RD, SUITE 200
GLEN ALLEN, VA 23060

PHONE: (804) 433-1804
FAX: (804) 346-5901
EMAIL: PHOGAN@COMMONWEALTHCOMMERCIAL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

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County of Henrico
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P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

OVERLOOK II
4870 SADLER RD
GLEN ALLEN, VA 23060

Owner / Agent

ATTN: AMANDA TYSON
BRANDYWINE REALTY TRUST
300 ARBORETUM PLACE STE.330
RICHMOND, VA 23231

PHONE: (804) 330-3900
FAX: (804) 330-4450
EMAIL: AMANDA.TYSON@BONREIT.COM

Equipment Information

Key Location:	GUARD DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00991
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

OVERLOOK II
4870 SADLER RD
GLEN ALLEN, VA 23060

Owner / Agent

ATTN: AMANDA TYSON
BRANDYWINE REALTY TRUST
300 ARBORETUM PLACE STE.330
RICHMOND, VA 23231

PHONE: (804) 330-3900
FAX: (804) 330-4450
EMAIL: AMANDA.TYSON@BONREIT.COM

Equipment Information

Key Location:	GUARD DESK
Alarm Status:	NONE
Elevator ID #:	ELV2001-00991
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

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P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

DAYS INN
8613 BROOK RD
RICHMOND, VA 23228

Owner / Agent

ATTN: SUNDIP PATEL
PATEL KANTILAL M & MK
8613 BROOK RD.
GLEN ALLEN VA. 23060

PHONE: (804) 261-0188 Ext: 869-9581
FAX: (804) 261-7667
EMAIL: SUNDIPTL@YAHOO.COM

Equipment Information

Key Location:	FRONT DESK
Alarm Status:	NONE
Elevator ID #:	ELV2002-01020
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

VIRGINIA EYE INSTITUTE
402 WESTHAMPTON STATION RD
RICHMOND, VA 23226

Owner / Agent

ATTN: STEVE MARTZ
VIRGINIA EYE INSTITUTE
402 WESTHAMPTON STATION RD
RICHMOND, VA 23226

PHONE: (804) 287-4205
FAX: (804) 262-8689
EMAIL: MARTZS@VAEYE.COM

Equipment Information

Key Location:	RECPT. DESK
Alarm Status:	NONE
Elevator ID #:	ELV2002-01032
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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Building Location

VIRGINIA EYE INSTITUTE
402 WESTHAMPTON STATION RD
RICHMOND, VA 23226

Owner / Agent

ATTN: STEVE MARTZ
VIRGINIA EYE INSTITUTE
402 WESTHAMPTON STATION RD
RICHMOND, VA 23226

PHONE: (804) 287-4205
FAX: (804) 262-8689
EMAIL: MARTZS@VAEYE.COM

Equipment Information

Key Location:	RECPT. DESK
Alarm Status:	NONE
Elevator ID #:	ELV2002-01032
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

The _____ performed

on _____ of this equipment has revealed the following conditions:

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

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County of Henrico
Department of Building Construction
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Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	2
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

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Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	3
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

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County of Henrico
Department of Building Construction
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Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	4
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

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Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	5
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	6
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	7
Equipment Type:	Elevator
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
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Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	8
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

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Category I, III and V Periodic Test Due: **July**
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Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	9
Equipment Type:	Escalator
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
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Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	10
Equipment Type:	Escalator
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	11
Equipment Type:	Escalator
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	12
Equipment Type:	Escalator
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	13
Equipment Type:	Escalator
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

Equipment Information

Key Location:	1/ST FL. FACILITIES
Alarm Status:	NONE
Elevator ID #:	ELV2002-01048
Equipment #:	14
Equipment Type:	Escalator
Code In Effect:	**1993**

Owner / Agent

ATTN: RAY SAILSBURY
ANTHEM
2015 STAPLES MILL RD
RICHMOND, VA 23230

PHONE: (804) 354-7889
FAX: (804) 354-7391
EMAIL: RAYMOND.SAILSBURY@ANTHEM.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

The _____ performed

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

HIGHWOODS III
4840 COX RD
GLEN ALLEN, VA 23060

Equipment Information

Key Location:	LOCKBOX
Alarm Status:	NONE
Elevator ID #:	ELV2005-01162
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**1993**

Owner / Agent

ATTN: MONIQUE DOUCETTE
HIGHWOOD PROPERTIES
4501 HIGHWOODS PARKWAY SUITE 400
GLEN ALLEN, VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: MONIQUE.DOUCETTE@HIGHWOODS.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
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Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

HIGHWOODS III
4840 COX RD
GLEN ALLEN, VA 23060

Owner / Agent

ATTN: MONIQUE DOUCETTE
HIGHWOOD PROPERTIES
4501 HIGHWOODS PARKWAY SUITE 400
GLEN ALLEN, VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: MONIQUE.DOUCETTE@HIGHWOODS.COM

Equipment Information

Key Location:	LOCKBOX
Alarm Status:	NONE
Elevator ID #:	ELV2005-01162
Equipment #:	2
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**1993**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

HIGHWOODS III
4840 COX RD
GLEN ALLEN, VA 23060

Equipment Information

Key Location:	LOCKBOX
Alarm Status:	NONE
Elevator ID #:	ELV2005-01162
Equipment #:	3
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**1993**

Owner / Agent

ATTN: MONIQUE DOUCETTE
HIGHWOOD PROPERTIES
4501 HIGHWOODS PARKWAY SUITE 400
GLEN ALLEN, VA 23060

PHONE: (804) 747-7800
FAX: (804) 965-0164
EMAIL: MONIQUE.DOUCETTE@HIGHWOODS.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
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and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WESTERRE III
3900 WESTERRE PKWY
HENRICO, VA 23233

Equipment Information

Key Location:	SUITE 200
Alarm Status:	NONE
Elevator ID #:	ELV2005-01190
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**1993**

Owner / Agent

ATTN: PATRICIA HOGAN
LINGERFELT OFFICE PROPERTIES LLC
4198 COX RD, SUITE 200
GLEN ALLEN, VA 23060

PHONE: (804) 433-1804
FAX: (804) 346-5901
EMAIL: PHOGAN@COMMONWEALTHCOMMERCIAL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WESTERRE III
3900 WESTERRE PKWY
HENRICO, VA 23233

Equipment Information

Key Location:	SUITE 200
Alarm Status:	NONE
Elevator ID #:	ELV2005-01190
Equipment #:	2
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**1993**

Owner / Agent

ATTN: PATRICIA HOGAN
LINGERFELT OFFICE PROPERTIES LLC
4198 COX RD, SUITE 200
GLEN ALLEN, VA 23060

PHONE: (804) 433-1804
FAX: (804) 346-5901
EMAIL: PHOGAN@COMMONWEALTHCOMMERCIAL.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

XENITH BANK
12090 W BROAD ST
HENRICO, VA 23233

Equipment Information

Key Location:	FRONT DESK
Alarm Status:	NONE
Elevator ID #:	ELV2006-01216
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**1993**

Owner / Agent

ATTN: KAREN WHITLOCK
UNION BANK AND TRUST
12090 W BROAD ST
HENRICO, VA 23233

PHONE: (804) 521-6575
FAX: (804) 360-9216
EMAIL: KAREN.WHITLOCK@BANKATUNION.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

TWIN HICKORY SENIOR APTS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2006-01226
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2000

Owner / Agent

ATTN: WILMA WILLAMS
TWIN HICKORY SENIOR APTS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

PHONE: (804) 747-7676
FAX: (804) 747-7677
EMAIL: _____

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

TWIN HICKORY SENIOR APTS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

Owner / Agent

ATTN: WILMA WILLAMS
TWIN HICKORY SENIOR APTS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

PHONE: (804) 747-7676
FAX: (804) 747-7677
EMAIL: _____

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2006-01226
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 2000

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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Department of Building Construction
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P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

DOGWOOD TERRACE
10300 THREE CHOPT RD
HENRICO, VA 23233

Equipment Information

Key Location:	OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2006-01232
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**1996**

Owner / Agent

ATTN: HOPE JAMES
RICHMOND RETIREMENT RES II LLC
480 N. ORLANDO AVE., SUITE 236
WINTER PARK, FL 32789

PHONE: (407) 986-5382
FAX: (804) 346-1974
EMAIL: JENNIFER.JAMES@HOLIDAYTOUCH.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

VIRGINIA HOUSING CENTER
4224 COX RD
GLEN ALLEN, VA 23060

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2007-01251
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2000

Owner / Agent

ATTN: DAVE HOLSAPPLE
VHDA
601 SOUTH BELVIDERE AVE
RICHMOND, VA 23220

PHONE: (804) 640-5881
FAX: (804) 343-8439
EMAIL: DAVE.HOLSAPPLE@VHDA.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

VIRGINIA HOUSING CENTER
4224 COX RD
GLEN ALLEN, VA 23060

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2007-01251
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 2000

Owner / Agent

ATTN: DAVE HOLSAPPLE
VHDA
601 SOUTH BELVIDERE AVE
RICHMOND, VA 23220

PHONE: (804) 640-5881
FAX: (804) 343-8439
EMAIL: DAVE.HOLSAPPLE@VHDA.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE A3
2420 OLD BRICK RD
GLEN ALLEN, VA 23060

Owner / Agent

ATTN: NICK PAVONA
WEST BROAD VLG III LLC
3930 WILD GOOSE LN
GLEN ALLEN, VA 23060

PHONE: (804) 887-2988
FAX: (804) 201-4632
EMAIL: NICK@EXCELLTRUST.COM

Equipment Information

Key Location:	LOBBY
Alarm Status:	-----ALARMED--------
Elevator ID #:	ELV2008-01333
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
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P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE A-4 A-7
2250 OLD BRICK RD
GLEN ALLEN , VA. 23060

Owner / Agent

ATTN: NICK PAVONA
WEST BROAD VILLAGE III LLC
3950 WILD GOOSE LN
GLEN ALLEN, VA 23060

PHONE: (804) 887-2988
FAX: (804) 201-4632
EMAIL: NICK@EXCELTRUST.COM

Equipment Information

Key Location:	KEY BOX - A8
Alarm Status:	------ALARMED-------
Elevator ID #:	ELV2008-01335
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

The _____ performed

on _____ of this equipment has revealed the following conditions:

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE A-4 A-7
2250 OLD BRICK RD
GLEN ALLEN , VA. 23060

Owner / Agent

ATTN: NICK PAVONA
WEST BROAD VILLAGE III LLC
3950 WILD GOOSE LN
GLEN ALLEN, VA 23060

PHONE: (804) 887-2988
FAX: (804) 201-4632
EMAIL: NICK@EXCELTRUST.COM

Equipment Information

Key Location:	KEY BOX - A8
Alarm Status:	------ALARMED-------
Elevator ID #:	ELV2008-01335
Equipment #:	2
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE A-8
2220 OLD BRICK RD
GLEN ALLEN, VA 23060

Owner / Agent

ATTN: NICK PAVONA
WEST BROAD VLG III LLC
3950 WILD GOOSE LN
GLEN ALLEN, VA 23060

PHONE: (842) 212-1658
FAX: (804) 201-4632
EMAIL: NICK@EXCELTRUST.COM

Equipment Information

Key Location:	KEY BOX - A-8
Alarm Status:	-----ALARMED--------
Elevator ID #:	ELV2008-01336
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE A1-A2
2450 OLD BRICK RD
GLEN ALLEN, VA 23060

Owner / Agent

ATTN: NICK PAVONA
WEST BROAD VLG III LLC
3950 WILD GOOSE LN
GLEN ALLEN, VA 23060

PHONE: (804) 887-2988
FAX: () -
EMAIL: NICK@EXCELTRUST.COM

Equipment Information

Key Location:	KEY BOX A8
Alarm Status:	--------ALARMED-----
Elevator ID #:	ELV2008-01339
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE P4
3921 BROWNSTONE BLVD
GLEN ALLEN, VA 23060

Equipment Information

Key Location:	MAINT.
Alarm Status:	NONE
Elevator ID #:	ELV2008-01350
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Owner / Agent

ATTN: JENNIFER STOOPES
ASSOCIA COMMUNITY GROUP
3901 WESTEERE PKY. SUITE 100
RICHMOND, VA. 23233

PHONE: (804) 270-1800
FAX: () -
EMAIL: JSTOOPES@COMMUNITYGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE P4
3921 BROWNSTONE BLVD
GLEN ALLEN, VA 23060

Equipment Information

Key Location:	MAINT.
Alarm Status:	NONE
Elevator ID #:	ELV2008-01350
Equipment #:	2
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Owner / Agent

ATTN: JENNIFER STOOPES
ASSOCIA COMMUNITY GROUP
3901 WESTEERE PKY. SUITE 100
RICHMOND, VA. 23233

PHONE: (804) 270-1800
FAX: () -
EMAIL: JSTOOPES@COMMUNITYGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE P1
2411 BACK ST
GLEN ALLEN, VA 23060

Equipment Information

Key Location:	KEY BOX - #8
Alarm Status:	-------ALARMED------
Elevator ID #:	ELV2008-01354
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Owner / Agent

ATTN: JENNIFER STOOPES
ASSOCIA COMMUNITY GROUP
3901 WESTERRE PKY.
RICHMOND, VA. 23233

PHONE: (804) 270-1800
FAX: () -
EMAIL: JSTOOPES@COMMUNITYGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE P1
2411 BACK ST
GLEN ALLEN, VA 23060

Equipment Information

Key Location:	KEY BOX - #8
Alarm Status:	-------ALARMED------
Elevator ID #:	ELV2008-01354
Equipment #:	2
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Owner / Agent

ATTN: JENNIFER STOOPES
ASSOCIA COMMUNITY GROUP
3901 WESTERRE PKY.
RICHMOND, VA. 23233

PHONE: (804) 270-1800
FAX: () -
EMAIL: JSTOOPES@COMMUNITYGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE P2
2221 BACK ST
GLEN ALLEN, VA 23060

Equipment Information

Key Location:	KEY BOX A-8
Alarm Status:	NONE
Elevator ID #:	ELV2008-01355
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Owner / Agent

ATTN: NICK PAVONA
WEST BROAD VILLAGE LLC
3901 WESTERRE PKY. SUITE 100
RICHMOND, VA. 23233

PHONE: (804) 270-1800
FAX: () -
EMAIL: NPARRISH@COMMUNITYGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE P2
2221 BACK ST
GLEN ALLEN, VA 23060

Equipment Information

Key Location:	KEY BOX A-8
Alarm Status:	NONE
Elevator ID #:	ELV2008-01355
Equipment #:	2
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Owner / Agent

ATTN: NICK PAVONA
WEST BROAD VILLAGE LLC
3901 WESTERRE PKY. SUITE 100
RICHMOND, VA. 23233

PHONE: (804) 270-1800
FAX: () -
EMAIL: NPARRISH@COMMUNITYGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE A12-A13
2425 OLD BRICK RD
GLEN ALLEN, VA 23060

Owner / Agent

ATTN: NICK PAVONA
WEST BROAD VLG III LLC
3950 WILD GOOSE LN
GLEN ALLEN, VA 23060

PHONE: (804) 887-2988
FAX: (804) 201-4632
EMAIL: NICK@EXCELTRUST.COM

Equipment Information

Key Location:	KEY BOX A8
Alarm Status:	------ ALARMED -----
Elevator ID #:	ELV2008-01357
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE A12-A13
2425 OLD BRICK RD
GLEN ALLEN, VA 23060

Owner / Agent

ATTN: NICK PAVONA
WEST BROAD VLG III LLC
3950 WILD GOOSE LN
GLEN ALLEN, VA 23060

PHONE: (804) 887-2988
FAX: (804) 201-4632
EMAIL: NICK@EXCELTRUST.COM

Equipment Information

Key Location:	KEY BOX A8
Alarm Status:	------ ALARMED -----
Elevator ID #:	ELV2008-01357
Equipment #:	2
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE P3 GARAGE
3910 GATHERING PL
GLEN ALLEN, VA 23060

Equipment Information

Key Location:	KEY BOX - A 6
Alarm Status:	ALARMED!!!!!!!!!!!!
Elevator ID #:	ELV2008-01358
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Owner / Agent

ATTN: JENNIFER STOOPES
WEST BROAD VILLAGE
3901 WESTERRE PARKWAY STE 100
RICHMOND, VA 23233

PHONE: (804) 270-1800
FAX: () -
EMAIL: JSTOOPES@COMMUNITYGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

COUNTRY INN & SUITES
8010 W BROAD ST
HENRICO, VA 23229

Owner / Agent

ATTN: MAYUSH MEHTA
WEST END HOSPITALITY
8010 W.BROAD ST.
HENRICO , VA. 23294

PHONE: (804) 755-6605
FAX: (804) 755-6501
EMAIL: COUNTRYFRONTDESK@GMAIL.COM

Equipment Information

Key Location:	FRONT DESK
Alarm Status:	NONE
Elevator ID #:	ELV2008-01365
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2000**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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The _____ performed

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

HILTON HOTEL
191 TOWNE CENTER WEST BLVD
HENRICO, VA 23233

Owner / Agent

ATTN: STEVE KENDALL
HENLEY SPW LLC
2000 WARE BOTTOM SPRING RD
CHESTER, VA 23836-4200

PHONE: (804) 364-3600
FAX: (804) 364-2002
EMAIL: MARK.PARSONS@HILTON.COM

Equipment Information

Key Location:	MAINT. OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2009-01394
Equipment #:	1
Equipment Type:	Elevator - Traction
Code In Effect:	**2005**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

HILTON HOTEL
191 TOWNE CENTER WEST BLVD
HENRICO, VA 23233

Equipment Information

Key Location:	MAINT. OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2009-01394
Equipment #:	2
Equipment Type:	Elevator - Traction
Code In Effect:	**2005**

Owner / Agent

ATTN: STEVE KENDALL
HENLEY SPW LLC
2000 WARE BOTTOM SPRING RD
CHESTER, VA 23836-4200

PHONE: (804) 364-3600
FAX: (804) 364-2002
EMAIL: MARK.PARSONS@HILTON.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

HILTON HOTEL
191 TOWNE CENTER WEST BLVD
HENRICO, VA 23233

Owner / Agent

ATTN: STEVE KENDALL
HENLEY SPW LLC
2000 WARE BOTTOM SPRING RD
CHESTER, VA 23836-4200

PHONE: (804) 364-3600
FAX: (804) 364-2002
EMAIL: MARK.PARSONS@HILTON.COM

Equipment Information

Key Location:	MAINT. OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2009-01394
Equipment #:	3
Equipment Type:	Elevator - Traction
Code In Effect:	**2005**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

HILTON HOTEL
191 TOWNE CENTER WEST BLVD
HENRICO, VA 23233

Owner / Agent

ATTN: STEVE KENDALL
HENLEY SPW LLC
2000 WARE BOTTOM SPRING RD
CHESTER, VA 23836-4200

PHONE: (804) 364-3600
FAX: (804) 364-2002
EMAIL: MARK.PARSONS@HILTON.COM

Equipment Information

Key Location:	MAINT. OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2009-01394
Equipment #:	4
Equipment Type:	Elevator - Traction
Code In Effect:	**2005**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

WEST BROAD VILLAGE A6
2151 OLD BRICK RD.
GLEN ALLEN, VA 23060

Owner / Agent

ATTN: NICK PAVONA
WEST BROAD VILLAGE
3950 WILD GOOSE LN
GLEN ALLEN, VA 23060

PHONE: (804) 887-2988
FAX: () -
EMAIL: NICK@EXCELTRUST.COM

Equipment Information

Key Location:	KEY BOX A8
Alarm Status:	ALARMED
Elevator ID #:	ELV2009-01409
Equipment #:	1
Equipment Type:	Elevator
Code In Effect:	**2004/2005**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

KROGER # R-517
11895 W BROAD ST
HENRICO, VA 23233

Owner / Agent

ATTN: DAVID HAMBRICK
KROGER # R-517
11895 W BROAD ST
HENRICO, VA 23233

PHONE: (804) 360-2643
FAX: (615) 232-7717
EMAIL: DAVID.HAMBRICK@KROGER.COM

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2010-01450
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2004

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

KROGER R-502
4816 S LABURNUM AVE
HENRICO, VA 23231

Equipment Information

Key Location:	STORE MANAGER
Alarm Status:	NONE
Elevator ID #:	ELV2011-01503
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2004**

Owner / Agent

ATTN: NORMAN.GRIFFIN
KROGER R-502
4816 S LABURNUM AVE
HENRICO, VA 23231

PHONE: (804) 222-0240
FAX: (804) 222-3186
EMAIL: NORMAN.GRIFFIN@STORES.KROGER.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):
_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

KROGER # R519
9000 STAPLES MILL RD
HENRICO, VA 23228

Owner / Agent

ATTN: ED SOUTHERN
KROGER
P.O. BOX 14002
ROANOKE, VA. 24038

PHONE: (804) 360-2634
FAX: (615) 232-7717
EMAIL: ED.SOUTHERN@STORES.KROGER.COM

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2013-01660
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2007

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

TREE OF LIFE
13458 N GAYTON RD
RICHMOND, VA 23233

Owner / Agent

ATTN: DR. ZASLER
TREE OF LIFE - LLC
13450 N.GAYTON RD.
RICHMOND, VA 23233

PHONE: (804) 346-1803
FAX: (804) 346-1956
EMAIL: NZASLER@CCCV-LTD.COM

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2014-01676
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2007

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

UR SOUTH CAMPUS APTS - BLDG 3
56 UR DR
RICHMOND, VA 23173

Owner / Agent

ATTN: GEORGE SOULERET
UNIVERSITY OF RICHMOND
27 W HAMPTON WAY
RICHMOND, VA 23173

PHONE: (804) 289-8600
FAX: (804) 289-8414
EMAIL: GSOULERET@RICHMOND.EDU

Equipment Information

Key Location:	PHYSICAL PLANT
Alarm Status:	NONE
Elevator ID #:	ELV2014-01679
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2007**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

UR SOUTH CAMPUS APTS - BLDG 4
55 UR DR
RICHMOND, VA 23173

Owner / Agent

ATTN: GEORGE SOULERET
UNIVERSITY OF RICHMOND
27 W HAMPTON WAY
RICHMOND, VA 23173

PHONE: (804) 289-8600
FAX: (804) 289-8414
EMAIL: GSOULERET@RICHMOND.EDU

Equipment Information

Key Location:	PHYSICAL PLANT
Alarm Status:	NONE
Elevator ID #:	ELV2014-01680
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2007**

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

MONUMENT SQUARE BUILDING 10
250 FINIAL AVE
RICHMOND, VA 23226

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2014-01702
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2007

Owner / Agent

ATTN: DENEZ STABLER
MONUMENT SQUARE CONDO ASSOCIATION
C/O COMMUNITY GROUP
3901 WESTERRE PKWY, SUITE 200
HENRICO, VA 23233
PHONE: (804) 727-8640
FAX: (804) 346-8640
EMAIL: DSTABLER@COMMUNITYGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

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County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

REYNOLDS CROSSING MOB3
6627 W BROAD ST
HENRICO, VA 23230

Owner / Agent

ATTN: LISA HARRIS
6627 BROAD LLC
6641 W BROAD ST, SUITE 100
RICHMOND, VA 23230

PHONE: (804) 285-2011
FAX: (804) 285-3151
EMAIL: LISA@REYDEV.COM

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2014-01711
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2007

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

MONUMENT SQUARE BLDG 9
1220 BALUSTRADE BLVD
RICHMOND, VA 23226

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2015-01751
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Owner / Agent

ATTN: DENEZ STABLER
MONUMENT SQUARE CONDO ASSOCIATION
C/O COMMUNITY GROUP
3901 WESTERRE PKWY, SUITE 100
HENRICO, VA 23233
PHONE: (804) 727-3601
FAX: (804) 346-8640
EMAIL: DSTABLER@COMMUNITYGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **January**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

The _____ performed

on _____ of this equipment has revealed the following conditions:

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(Attach additional sheets as needed.)

County of Henrico
Department of Building Construction
and Inspections

P.O. Box 90775
Henrico, VA 23273-0775
Phone: (804) 501-4360
Fax: (804) 501-4984

Building Location

COX ROAD SELF STORAGE
3501 COX RD
HENRICO, VA 23233

Equipment Information

Key Location:	OFFICE
Alarm Status:	NONE
Elevator ID #:	ELV2016-01775
Equipment #:	1
Equipment Type:	Elevator - Hydraulic
Code In Effect:	**2010**

Owner / Agent

ATTN: DAVID JOHNSON
COX ROAD STORAGE LLC
2121 OLD GATESBURG RD, SUITE 200
STATE COLLEGE, PA 16803

PHONE: (804) 801-5784
FAX: (804) 447-9528
EMAIL: LS863@LIFESTORAGE.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

_____

Category I, III and V Periodic Test Due: **July**
Periodic Inspection Due: **January / July**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of $2,500.

The _____ performed

on _____ of this equipment has revealed the following conditions:

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(Attach additional sheets as needed.)