



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHAMIN RIC HOSPITALITY LC
 ATTN: ELONDA BANKS
 300 E. FRANKLIN ST.
 RICHMOND, VA 23219

Building Location:
 HOMEWOOD SUITES
 5996 AUDUBON DR
 SANDSTON, VA 23150

Phone: (804) 777-9000
 Email: elonda.banks@shaminhotels.com

Elevator Location ID:	ELVLOC-2001-00009	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Owner / Agent:
SHAMIN RIC HOSPITALITY LC
ATTN: ELONDA BANKS
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:
HOMEWOOD SUITES
5996 AUDUBON DR
SANDSTON, VA 23150

Phone: (804) 777-9000
Email: elonda.banks@shaminhotels.com

Elevator Location ID:	ELVLOC-2001-00009	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic, Category 1		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 E A CRUMP NURSING HOME
 ATTN: ANDRE HILL
 3600 MOUNTAIN RD
 GLEN ALLEN, VA 23060

Building Location:
 E A CRUMP NURSING HOME
 3600 MOUNTAIN RD
 GLEN ALLEN, VA 23060

Phone: (804) 672-8725
 Email: ahill@eacrumprehab.com

Elevator Location ID: ELVLOC-2001-00106
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1978
Key Location: MAINT. DEPT.
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Owner / Agent:
RNA W BROAD LLC
ATTN: MIKE JAMES
6641 W BROAD ST SUITE 101
RICHMOND, VA 23230

Building Location:
RNA DAVITA
7001 W BROAD ST
HENRICO, VA 23294

Phone: (804) 237-8423
Email: mike.james@colliers.com

Elevator Location ID: ELVLOC-2001-00208
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1968/2012
Key Location: OFFICE
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 NAVY FEDERAL CREDIT UNION
 ATTN: KEN DWYER
 5445 GLENSIDE DR
 HENRICO, VA 23228

Building Location:
 NAVY FEDERAL CREDIT UNION
 5445 GLENSIDE DR
 HENRICO, VA 23228-3900

Phone: (571) 455-9680
 Email: rchm-bod@navyfederal.org

Elevator Location ID: ELVLOC-2001-00233
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1990
Key Location: BRANCH MGR. DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GOLDS PLAZA LLC
ATTN: Accounts Payable
1180 SEMINOLE TRL STE 105
Charlottesville, VA 22901

Building Location:
GOLD'S GYM PLAZA @ WEST TOWER
8904 W BROAD ST
HENRICO, VA 23294

Phone:
Email: reginan@sugaroak.com

Elevator Location ID: ELVLOC-2001-00243
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 1993
Key Location: OFFICE
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
AMPAK PROPERTIES
ATTN: S.K. NIAZI
4906 CUTSHAW AVE SUITE 105
RICHMOND, VA 23230

Building Location:
CUTSHAW OFFICE ASSOCIATES
4906 CUTSHAW AVE
HENRICO, VA 23230

Phone: (804) 387-2541
Email: riteway550@aol.com

Elevator Location ID: ELVLOC-2001-00260
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1971/2007
Key Location: KEYBOX
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 EXTRA SPACE STORAGE
 ATTN: HEATHER WASHINGTON
 6100 W BROAD ST SUITE A
 RICHMOND, VA 23230

Building Location:
 EXTRA SPACE STORAGE
 6100 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 282-7263
 Email: fac1325@extraspaces.com

Elevator Location ID: ELVLOC-2001-00291
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

EXTRA SPACE STORAGE
 ATTN: HEATHER WASHINGTON
 6100 W BROAD ST SUITE A
 RICHMOND, VA 23230

Building Location:

EXTRA SPACE STORAGE
 6100 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 282-7263
 Email: fac1325@extraspace.com

Elevator Location ID: ELVLOC-2001-00291
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 C.L.M. LLC.
 ATTN: CHARLES KRUMBEIN
 9701 Old Dell Trace
 RICHMOND, VA 23238

Building Location:
 VILLAGE BANK
 1650 WILLOW LAWN DR
 HENRICO, VA 23230

Phone: (804) 673-4358
 Email: charlesh@krumbein.com

Elevator Location ID: ELVLOC-2001-00310 **Code in Effect:** 1984
Equipment Sequence: 1 **Key Location:** CHARLES KRUMBEIN
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Owner / Agent:
MISSY BELLAMY
ATTN: MISSY BELLAMY
208 E MAIN ST
ABINGDON, VA 24210

Building Location:
MAYLAND PROFESSIONAL BLDG
8550 MAYLAND DR
HENRICO, VA 23294

Phone: (276) 623-4419
Email: mbellamy@pennstuart.com

Elevator Location ID: ELVLOC-2001-00387
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1978
Key Location: RECPT. DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Owner / Agent:
WEST END ASSEMBLY OF GOD
ATTN: KENT WEBB
401 PARHAM RD
HENRICO, VA 23229

Building Location:
WEST END ASSEMBLY OF GOD
401 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-7042
Email: kent@weag.org

Elevator Location ID: ELVLOC-2001-00392
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: OFFICE
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
4915 PARTNERS LLC
ATTN: DAVE COLBERT
P.O. BOX 36774
CHARLOTTE, NC 28236

Building Location:
RADFORD BUILDING
4915 RADFORD AVE
HENRICO, VA 23230

Phone: (804) 793-0057
Email: dave.colbert@commonwealthcomm

Elevator Location ID:	ELVLOC-2001-00501	Code in Effect:	1955/2015
Equipment Sequence:	2	Key Location:	KEY BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 FAREVA
 ATTN: JOE MORRELL
 2248 DARBYTOWN RD
 HENRICO, VA 23231

Building Location:
 FAREVA
 2248 DARBYTOWN RD
 HENRICO, VA 23231

Phone: (804) 652-6102
 Email: morrell.richmond@fareva.com

Elevator Location ID: ELVLOC-2001-00650
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1990
Key Location: JOE MORRELL
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

FAREVA
ATTN: JOE MORRELL
2248 DARBYTOWN RD
HENRICO, VA 23231

Building Location:

FAREVA
2248 DARBYTOWN RD
HENRICO, VA 23231

Phone: (804) 652-6102

Email: morrell.richmond@fareva.com

Elevator Location ID: ELVLOC-2001-00650

Code in Effect: 1990

Equipment Sequence: 2

Key Location: JOE MORRELL

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: Periodic, Category 1

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
FAREVA
ATTN: JOE MORRELL
2248 DARBYTOWN RD
HENRICO, VA 23231

Building Location:
FAREVA
2248 DARBYTOWN RD
HENRICO, VA 23231

Phone: (804) 652-6102
Email: morrell.richmond@fareva.com

Elevator Location ID:	ELVLOC-2001-00650	Code in Effect:	1990
Equipment Sequence:	3	Key Location:	JOE MORRELL
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 FAREVA
 ATTN: JOE MORRELL
 2248 DARBYTOWN RD
 HENRICO, VA 23231

Building Location:
 FAREVA
 2248 DARBYTOWN RD
 HENRICO, VA 23231

Phone: (804) 652-6102
 Email: morrell.richmond@fareva.com

Elevator Location ID: ELVLOC-2001-00650
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1990
Key Location: JOE MORRELL
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
FAREVA
ATTN: JOE MORRELL
2248 DARBYTOWN RD
HENRICO, VA 23231

Building Location:
FAREVA
2248 DARBYTOWN RD
HENRICO, VA 23231

Phone: (804) 652-6102
Email: morrell.richmond@fareva.com

Elevator Location ID: ELVLOC-2001-00650
Equipment Sequence: 5
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1993
Key Location: JOE MORRELL
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTMINSTER CANTERBURY CORP
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for May: **Periodic**

Code in Effect: 1975/2010
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent: WESTMINSTER CANTERBURY CORP ATTN: DEREK OLIVER 1600 WESTBROOK AVE RICHMOND, VA 23227	Building Location: WESTMINSTER CANTERBURY 1600 WESTBROOK AVE HENRICO, VA 23227-3337
--	---

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654	Code in Effect: 1975/2010
Equipment Sequence: 2	Key Location: SECURITY
Elevator Type: Electric Elevator	Alarm Status: Not Alarmed
Inspections for May: Periodic	

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTMINSTER CANTERBURY CORP
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1975/2010

Equipment Sequence: 3

Key Location: SECURITY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTMINSTER CANTERBURY CORP
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1975/2010

Equipment Sequence: 4

Key Location: SECURITY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:
WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 5
Elevator Type: Electric Elevator
Inspections for May: **Periodic**

Code in Effect: 1975/2010
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WESTMINSTER CANTERBURY CORP
 ATTN: DEREK OLIVER
 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:
 WESTMINSTER CANTERBURY
 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 6
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1975
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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 ATTN: DEREK OLIVER
 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:
 WESTMINSTER CANTERBURY
 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 7
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1975
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTMINSTER CANTERBURY CORP
 ATTN: DEREK OLIVER
 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1996

Equipment Sequence: 8

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:
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1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 9
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1996/2013
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTMINSTER CANTERBURY CORP
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 10
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1996/2013
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

<p>Owner / Agent: WESTMINSTER CANTERBURY CORP ATTN: DEREK OLIVER 1600 WESTBROOK AVE RICHMOND, VA 23227</p>	<p>Building Location: WESTMINSTER CANTERBURY 1600 WESTBROOK AVE HENRICO, VA 23227-3337</p>
---	--

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID:	ELVLOC-2001-00654	Code in Effect:	1996
Equipment Sequence:	11	Key Location:	SECURITY
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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 RICHMOND, VA 23227

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 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 12
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:
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 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 13
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Building Location:
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1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 14
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Building Location:
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 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 15
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Building Location:
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1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 16
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Building Location:
 WESTMINSTER CANTERBURY
 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 17
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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 RICHMOND, VA 23227

Building Location:
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 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 18
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 RICHMOND, VA 23227

Building Location:
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 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID:	ELVLOC-2001-00654	Code in Effect:	2010
Equipment Sequence:	19	Key Location:	SECURITY
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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 RICHMOND, VA 23227

Building Location:
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 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 20
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993/2010
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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 ATTN: DEREK OLIVER
 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:
 WESTMINSTER CANTERBURY
 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 21
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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Owner / Agent:

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ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1993

Equipment Sequence: 22

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WESTMINSTER CANTERBURY CORP
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:
WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 23
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 2013
Key Location:
Alarm Status:

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SUPER 8 MOTEL
 ATTN: SAM CHAUHAN
 5615 CHAMBERLAYNE RD
 RICHMOND, VA 23227

Building Location:
 SUPER 8 MOTEL
 5615 CHAMBERLAYNE RD
 HENRICO, VA 23227

Phone: (804) 262-8880
 Email: super8richmondva@gmail.com

Elevator Location ID: ELVLOC-2001-00655
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 1984
Key Location: FRONT DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

JLL
ATTN: MARTHA TAYLOR
7201 GLEN FOREST DR SUITE 202
RICHMOND, VA 23226

Building Location:

HIGHLAND I BUILDING
7231 FOREST AVE
HENRICO, VA 23226

Phone: (804) 288-1555
Email: martha.taylor@am.jll.com

Elevator Location ID: ELVLOC-2001-00704
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1990
Key Location: RM.100=STEEL SERVS.
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

JLL
 ATTN: MARTHA TAYLOR
 7201 GLEN FOREST DR SUITE 202
 RICHMOND, VA 23226

Building Location:

HIGHLAND I BUILDING
 7231 FOREST AVE
 HENRICO, VA 23226

Phone: (804) 288-1555
 Email: martha.taylor@am.jll.com

Elevator Location ID: ELVLOC-2001-00704
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1990
Key Location: RM.100=STEEL SERVS.
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 JLL
 ATTN: MARTHA TAYLOR
 7201 GLEN FOREST DR SUITE 202
 RICHMOND, VA 23226

Building Location:
 HIGHLANDS II OFFICE BLDG
 7229 FOREST AVE
 HENRICO, VA 23226

Phone: (804) 288-1555
 Email: martha.taylor@am.jll.com

Elevator Location ID: ELVLOC-2001-00705
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1990
Key Location: SEE MAINT.
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 JLL
 ATTN: MARTHA TAYLOR
 7201 GLEN FOREST DR SUITE 202
 RICHMOND, VA 23226

Building Location:
 HIGHLANDS II OFFICE BLDG
 7229 FOREST AVE
 HENRICO, VA 23226

Phone: (804) 288-1555
 Email: martha.taylor@am.jll.com

Elevator Location ID: ELVLOC-2001-00705
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1990
Key Location: SEE MAINT.
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 JLL
 ATTN: MARTHA TAYLOR
 7201 GLEN FOREST DR SUITE 202
 RICHMOND, VA 23226

Building Location:
 HIGHLANDS II OFFICE BLDG
 7229 FOREST AVE
 HENRICO, VA 23226

Phone: (804) 288-1555
 Email: martha.taylor@am.jll.com

Elevator Location ID:	ELVLOC-2001-00705	Code in Effect:	1990
Equipment Sequence:	3	Key Location:	SEE MAINT.
Elevator Type:	Dumbwaiter	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
7110 PARTNERS LLC
ATTN: SUSAN POWELL
2001 OLD GREENBRIER RD SUITE A
CHESAPEAKE, VA 23320

Building Location:
FOREST FINANCIAL BUILDING
7110 FOREST AVE
HENRICO, VA 23226

Phone: (757) 216-8438
Email: susan.powell@naidominion.com

Elevator Location ID: ELVLOC-2001-00715
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1981
Key Location: KEY BOX
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

JLL
ATTN: MARTHA TAYLOR
7201 GLEN FOREST DR - SUITE 202
RICHMOND, VA 23226

Building Location:

FOREST PLAZA II
7275 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 288-1555
Email: martha.taylor@am.jll.com

Elevator Location ID: ELVLOC-2001-00716
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1981
Key Location: LOBBY LOCK BOX
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
JLL
ATTN: MARTHA TAYLOR
7201 GLEN FOREST DR - SUITE 202
RICHMOND, VA 23226

Building Location:
FOREST PLAZA II
7275 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 288-1555
Email: martha.taylor@am.jll.com

Elevator Location ID: ELVLOC-2001-00716
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1981
Key Location: LOBBY LOCK BOX
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 JLL
 ATTN: MARTHA TAYLOR
 7201 GLEN FOREST DR - SUITE 202
 RICHMOND, VA 23226

Building Location:
 HILLCREST OFFICE BLDG
 1801 BAYBERRY CT
 HENRICO, VA 23226

Phone: (804) 288-1555
 Email: martha.taylor@am.jll.com

Elevator Location ID: ELVLOC-2001-00717
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 1993
Key Location: LOBBY LOCK BOX
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
JLL
ATTN: MARTHA TAYLOR
7201 GLEN FOREST DR - SUITE 202
RICHMOND, VA 23226

Building Location:
HILLCREST OFFICE BLDG
1801 BAYBERRY CT
HENRICO, VA 23226

Phone: (804) 288-1555
Email: martha.taylor@am.jll.com

Elevator Location ID:	ELVLOC-2001-00717	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	LOBBY LOCK BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic, Category 1		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 JLL
 ATTN: MARTHA TAYLOR
 7201 GLEN FOREST DR - SUITE 202
 RICHMOND, VA 23226

Building Location:
 HILLCREST OFFICE BLDG
 1801 BAYBERRY CT
 HENRICO, VA 23226

Phone: (804) 288-1555
 Email: martha.taylor@am.jll.com

Elevator Location ID:	ELVLOC-2001-00717	Code in Effect:	1993
Equipment Sequence:	3	Key Location:	LOBBY LOCK BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic, Category 1		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: JIMMY FITCH
PO BOX 13470
RICHMOND, VA 23225

Building Location:
I P C TECHNOLOGIES BLDG
7200 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 968-1579
Email: jimmy.fitch@colliers.com

Elevator Location ID: ELVLOC-2001-00723
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 1978
Key Location: BOX ON M.R. DOOR
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VERNON NORRIS
 ATTN: Crystal Mario
 3009 Lincoln Ave.
 Henrico, VA 23228

Building Location:
 VERNON NORRIS BUILDING
 3009 LINCOLN AVE
 HENRICO, VA 23228

Phone: (703) 229-8306
 Email: cmario@rivannadesigns.com

Elevator Location ID: ELVLOC-2001-00730
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1955
Key Location: BREAK GLASS BOX
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Department of Building Construction and Inspections
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 RIVER RD PRESBYTERIAN CHURCH
 ATTN: SUSAN HOCKMAN
 8960 RIVER RD
 HENRICO, VA 23229

Building Location:
 RIVER RD PRESBYTERIAN CHURCH
 8960 RIVER RD
 HENRICO, VA 23229

Phone: (804) 740-7083
 Email: susanhockman@rrpcusa.org

Elevator Location ID: ELVLOC-2001-00804
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 1993
Key Location: CHURCH OFFICE CLOSET
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia
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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THIRD CHURCH INC
ATTN: Cathy Almond
500 Forest Ave
Henrico, VA 23229

Building Location:
THIRD CHURCH INC
600 FOREST AVE
HENRICO, VA 23229

Phone: (804) 282-4645 Ext. 1133
Email: cathy@thirdrva.org

Elevator Location ID: ELVLOC-2001-00811
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: Periodic

Code in Effect: 1988
Key Location: OFFICE
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHAHEEN LAW FIRM
 ATTN: MATT RAY
 8890 THREE CHOPT RD
 HENRICO, VA 23229

Building Location:
 SHAHEEN & SHAHEEN BLDG.
 8890 THREE CHOPT RD
 HENRICO, VA 23229

Phone: (804) 285-6406
 Email: mray@shaheenlaw.com

Elevator Location ID: ELVLOC-2001-00834
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: RECPT.DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FVD Real Estate Corp
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:
WESTGATE I
100 WESTGATE PKWY
HENRICO, VA 23233-7788

Phone: (804) 433-1804
Email: phogan@commonwealthcommercia

Elevator Location ID: ELVLOC-2001-00841 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** SECURITY DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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County of Henrico, Virginia

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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

FVD Real Estate Corp
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:

WESTGATE I
100 WESTGATE PKWY
HENRICO, VA 23233-7788

Phone: (804) 433-1804

Email: phogan@commonwealthcommercia

Elevator Location ID: ELVLOC-2001-00841

Code in Effect: 1993

Equipment Sequence: 2

Key Location: SECURITY DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 Innsbrook LLC
 ATTN: CATHERINE LINGERFELT
 4198 COX RD SUITE 200
 GLEN ALLEN, VA 23060

Building Location:
 WESTGATE II
 200 WESTGATE PKWY
 HENRICO, VA 23233-7794

Phone: (804) 433-1804
 Email: phogan@commonwealthcommercia

Elevator Location ID:	ELVLOC-2001-00846	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	SECURITY DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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 Department of Building Construction and Inspections
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Phone: (804) 501-4360
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 Innsbrook LLC
 ATTN: CATHERINE LINGERFELT
 4198 COX RD SUITE 200
 GLEN ALLEN, VA 23060

Building Location:
 WESTGATE II
 200 WESTGATE PKWY
 HENRICO, VA 23233-7794

Phone: (804) 433-1804
 Email: phogan@commonwealthcommercia

Elevator Location ID:	ELVLOC-2001-00846	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	SECURITY DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 UNITED BANK
 ATTN: JOSEPH RATNER
 14048 PARK EAST CR. SUITE 100
 CHANTILLY, VA 20151

Building Location:
 UNITED BANK
 9951 BROOK RD
 GLEN ALLEN, VA 23059

Phone: (571) 262-0876
 Email: joseph.ratner@bankwithunited.com

Elevator Location ID:	ELVLOC-2001-00857	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 DONEGAL INSURANCE GROUP
 ATTN: NOLAND DEAS
 801 VIRGINIA VILLAGE DR
 GLEN ALLEN, VA 23059

Building Location:
 DONEGAL INSURANCE BLDG.
 801 VIRGINIA VILLAGE DR
 GLEN ALLEN, VA 23059

Phone: (804) 266-7012
 Email: nolanddeas@donegalgroup.com

Elevator Location ID: ELVLOC-2001-00862
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 1978
Key Location: FRONT DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

COLLIERS INTERNATIONAL
ATTN: JIMMY FITCH
PO BOX 13470
RICHMOND, VA 23225

Building Location:

INNSBROOK PLACE
5020 SADLER PL
GLEN ALLEN, VA 23060

Phone: (804) 968-1579

Email: jimmy.fitch@colliers.com

Elevator Location ID: ELVLOC-2001-00891
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

VITALITY LIVING WEST END
ATTN: JENNIE HADEN
1800 GASKINS RD
HENRICO, VA 23238

Building Location:

VITALITY LIVING WEST END
1800 GASKINS RD
HENRICO, VA 23238

Phone: (804) 741-8880
Email: jhaden@myvitalityliving.com

Elevator Location ID: ELVLOC-2001-00897

Code in Effect: 1993

Equipment Sequence: 1

Key Location: LOBBY FIRE BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia

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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

VITALITY LIVING WEST END
ATTN: JENNIE HADEN
1800 GASKINS RD
HENRICO, VA 23238

Building Location:

VITALITY LIVING WEST END
1800 GASKINS RD
HENRICO, VA 23238

Phone: (804) 741-8880
Email: jhaden@myvitalityliving.com

Elevator Location ID: ELVLOC-2001-00897
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1993
Key Location: LOBBY FIRE BOX
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST MARY'S CHURCH
ATTN: JEFF SEACHRIST
9505 GAYTON RD
HENRICO, VA 23229

Building Location:
ST MARYS CHURCH
9505 GAYTON RD
HENRICO, VA 23229

Phone: (804) 740-4044
Email: jseachrist@stmarysrichmond.org

Elevator Location ID: ELVLOC-2001-00898
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: FIRE BOX AT L.L.
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THALHIMERS INC.
 ATTN: Nathan Van Arsdale
 PO BOX 5160
 GLEN ALLEN, VA 23058

Building Location:
 WESTMARK I
 11011 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 697-3568
 Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID: ELVLOC-2001-00900
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for May: **Periodic**

Code in Effect: 1971
Key Location: SECURITY
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THALHIMERS INC.
 ATTN: Nathan Van Arsdale
 PO BOX 5160
 GLEN ALLEN, VA 23058

Building Location:
 WESTMARK I
 11011 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 697-3568
 Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID:	ELVLOC-2001-00900	Code in Effect:	1971
Equipment Sequence:	2	Key Location:	SECURITY
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THALHIMERS INC.
 ATTN: Nathan Van Arsdale
 PO BOX 5160
 GLEN ALLEN, VA 23058

Building Location:
 WESTMARK I
 11011 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 697-3568
 Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID:	ELVLOC-2001-00900	Code in Effect:	1971
Equipment Sequence:	3	Key Location:	SECURITY
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THALHIMERS INC.
 ATTN: Nathan Van Arsdale
 PO BOX 5160
 GLEN ALLEN, VA 23058

Building Location:
 WESTMARK I
 11011 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 697-3568
 Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID: ELVLOC-2001-00900 **Code in Effect:** 1971
Equipment Sequence: 4 **Key Location:** SECURITY
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THALHIMERS INC.
ATTN: Nathan Van Arsdale
PO BOX 5160
GLEN ALLEN, VA 23058

Building Location:
WESTMARK I
11011 W BROAD ST
HENRICO, VA 23233

Phone: (804) 697-3568
Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID:	ELVLOC-2001-00900	Code in Effect:	1971
Equipment Sequence:	5	Key Location:	SECURITY
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

REGIONAL HEADQUARTERS, INC.
ATTN: JOHN REED
4201 DOMINION BLVD
GLEN ALLEN, VA 23060

Building Location:

ELECTRICAL COOPERATIVES BLDG.
4201 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 968-4013
Email: jreed@odec.com

Elevator Location ID: ELVLOC-2001-00906
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1984
Key Location: RECPT. DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

REGIONAL HEADQUARTERS, INC.
ATTN: JOHN REED
4201 DOMINION BLVD
GLEN ALLEN, VA 23060

Building Location:

ELECTRICAL COOPERATIVES BLDG.
4201 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 968-4013
Email: jreed@odec.com

Elevator Location ID: ELVLOC-2001-00906

Code in Effect: 1984

Equipment Sequence: 2

Key Location: RECPT. DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: Periodic, Category 1

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 Innsbrook LLC
 ATTN: CATHERINE LINGERFELT
 4198 COX RD SUITE 200
 GLEN ALLEN, VA 23060

Building Location:
 ACE USA BUILDING
 4198 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 433-1804
 Email: phogan@commonwealthcommercia

Elevator Location ID:	ELVLOC-2001-00908	Code in Effect:	1978
Equipment Sequence:	1	Key Location:	BRK.GLASS KEYBOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: MIKE JAMES
 PO BOX 13470
 RICHMOND, VA 23225

Building Location:
 BENCHMARK MORTGAGE
 4235 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 320-5500
 Email: mike.james@colliers.com

Elevator Location ID:	ELVLOC-2001-00909	Code in Effect:	1981
Equipment Sequence:	1	Key Location:	2ND\FL RECPT.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

INDEPENDENT CONTAINER LINE
ATTN: LISA MORGAN
5620 COX RD
GLEN ALLEN, VA 23060

Building Location:

INDEPENDENT CONTAINER LINE
4222 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 222-2220
Email: lisa.morgan@icl-ltd.com

Elevator Location ID: ELVLOC-2001-00910
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1981
Key Location: KEYBOX
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST MARY'S WOODS
ATTN: JOTANYA BELTON
1257 MARYWOOD LN
HENRICO, VA 23229

Building Location:
ST. MARYS WOODS APARTMENTS
1257 MARYWOOD LN
HENRICO, VA 23229

Phone: (804) 741-8624
Email: jotanya.belton@stmaryswoods.com

Elevator Location ID: ELVLOC-2001-00922
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1987
Key Location: OFFICE
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MARYWOOD APARTMENTS
 ATTN: LIDIJA DEKANIC
 1261 MARYWOOD LN
 HENRICO, VA 23229

Building Location:
 MARYWOOD APARTMENTS
 1261 MARYWOOD LN
 HENRICO, VA 23229

Phone: (804) 740-5567
 Email: lidekanic@marywoodapartments.or

Elevator Location ID: ELVLOC-2001-00923 **Code in Effect:** 1981/2013
Equipment Sequence: 1 **Key Location:** OFFICE
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for May: **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MARYWOOD APARTMENTS
 ATTN: LIDIJA DEKANIC
 1261 MARYWOOD LN
 HENRICO, VA 23229

Building Location:
 MARYWOOD APARTMENTS
 1261 MARYWOOD LN
 HENRICO, VA 23229

Phone: (804) 740-5567
 Email: lidekanic@marywoodapartments.or

Elevator Location ID:	ELVLOC-2001-00923	Code in Effect:	1981/2013
Equipment Sequence:	2	Key Location:	OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

**County of Henrico, Virginia**

Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

Innsbrook LLC
 ATTN: CATHERINE LINGERFELT
 4198 COX RD SUITE 200
 GLEN ALLEN, VA 23060

Building Location:

ROWE PLAZA
 4510 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 433-1804

Email: phogan@commonwealthcommerca

Elevator Location ID: ELVLOC-2001-00937

Code in Effect: 1984

Equipment Sequence: 1

Key Location: ROOM 103

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

Innsbrook LLC
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:

ROWE PLAZA
4510 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 433-1804

Email: phogan@commonwealthcommercia

Elevator Location ID: ELVLOC-2001-00937

Code in Effect: 1984

Equipment Sequence: 2

Key Location: ROOM 103

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia
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 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 TOWNE BANK
 ATTN: JIMMY FITCH
 4501 COX RD
 GLEN ALLEN, VA 23060

Building Location:
 TOWNE BANK
 4501 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 249-2279
 Email: jimmy.fitch@colliers.com

Elevator Location ID: ELVLOC-2001-00947
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1987/2010
Key Location: Annette Osterbind
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 TOWNE BANK
 ATTN: JIMMY FITCH
 4501 COX RD
 GLEN ALLEN, VA 23060

Building Location:
 TOWNE BANK
 4501 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 249-2279
 Email: jimmy.fitch@colliers.com

Elevator Location ID:	ELVLOC-2001-00947	Code in Effect:	1987/2010
Equipment Sequence:	2	Key Location:	CINDY WOMACK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THALHIMERS
 ATTN: Nathan Van Arsdale
 PO BOX 5160
 GLEN ALLEN, VA 23058

Building Location:
 WESTMARK II
 11013 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 648-5881
 Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID: ELVLOC-2001-00950
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for May: Periodic

Code in Effect: 1971
Key Location: GUARD DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THALHIMERS
ATTN: Nathan Van Arsdale
PO BOX 5160
GLEN ALLEN, VA 23058

Building Location:
WESTMARK II
11013 W BROAD ST
HENRICO, VA 23233

Phone: (804) 648-5881
Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID: ELVLOC-2001-00950
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for May: **Periodic**

Code in Effect: 1971
Key Location: GUARD DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Department of Building Construction and Inspections
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 Henrico, VA 23273-0775

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THALHIMERS
 ATTN: Nathan Van Arsdale
 PO BOX 5160
 GLEN ALLEN, VA 23058

Building Location:
 WESTMARK II
 11013 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 648-5881
 Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID: ELVLOC-2001-00950
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for May: **Periodic**

Code in Effect: 1971
Key Location: GUARD DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THALHIMERS
ATTN: Nathan Van Arsdale
PO BOX 5160
GLEN ALLEN, VA 23058

Building Location:
WESTMARK II
11013 W BROAD ST
HENRICO, VA 23233

Phone: (804) 648-5881
Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID: ELVLOC-2001-00950
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for May: **Periodic**

Code in Effect: 1971
Key Location: GUARD DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THALHIMERS
ATTN: Nathan Van Arsdale
PO BOX 5160
GLEN ALLEN, VA 23058

Building Location:

WESTMARK II
11013 W BROAD ST
HENRICO, VA 23233

Phone: (804) 648-5881

Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID: ELVLOC-2001-00950

Code in Effect: 1971

Equipment Sequence: 5

Key Location: GUARD DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SUNRISE SENIOR LIVING
 ATTN: JAMES HASTINGS
 12401 GAYTON RD.
 HENRICO, VA 23238

Building Location:
 SUNRISE VILLA TUCKAHOE
 12401 GAYTON RD
 HENRICO, VA 23238-2291

Phone: (804) 741-1011
 Email: tuckahoe.des@sunriseseniorliving.c

Elevator Location ID:	ELVLOC-2001-00960	Code in Effect:	1981
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic, Category 1		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SUNRISE SENIOR LIVING
ATTN: JAMES HASTINGS
12401 GAYTON RD.
HENRICO, VA 23238

Building Location:
SUNRISE VILLA TUCKAHOE
12401 GAYTON RD
HENRICO, VA 23238-2291

Phone: (804) 741-1011
Email: tuckahoe.des@sunriseseniorliving.c

Elevator Location ID:	ELVLOC-2001-00960	Code in Effect:	1981
Equipment Sequence:	2	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SUNRISE SENIOR LIVING
ATTN: JAMES HASTINGS
12401 GAYTON RD.
HENRICO, VA 23238

Building Location:
SUNRISE VILLA TUCKAHOE
12401 GAYTON RD
HENRICO, VA 23238-2291

Phone: (804) 741-1011
Email: tuckahoe.des@sunriseseniorliving.c

Elevator Location ID: ELVLOC-2001-00960
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 2004
Key Location: FRONT DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SUNRISE SENIOR LIVING
 ATTN: JAMES HASTINGS
 12401 GAYTON RD.
 HENRICO, VA 23238

Building Location:
 SUNRISE VILLA TUCKAHOE
 12401 GAYTON RD
 HENRICO, VA 23238-2291

Phone: (804) 741-1011
 Email: tuckahoe.des@sunriseseniorliving.c

Elevator Location ID: ELVLOC-2001-00960
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 2004
Key Location: FRONT DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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County of Henrico, Virginia
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P.O. Box 90775
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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SUNRISE SENIOR LIVING
ATTN: JAMES HASTINGS
12401 GAYTON RD.
HENRICO, VA 23238

Building Location:
SUNRISE VILLA TUCKAHOE
12401 GAYTON RD
HENRICO, VA 23238-2291

Phone: (804) 741-1011
Email: tuckahoe.des@sunriseseniorliving.c

Elevator Location ID: ELVLOC-2001-00960
Equipment Sequence: 5
Elevator Type: Electric Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 2004
Key Location: FRONT DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BEN HUMPHREYS
ATTN: BEN HUMPHREYS
1129 GASKINS RD SUITE 200
HENRICO, VA 23238

Building Location:
GASKINS CENTER
1129 GASKINS RD
HENRICO, VA 23238

Phone: (804) 761-3857
Email: bhumphreys@comtelcommunicatio

Elevator Location ID: ELVLOC-2001-00970 **Code in Effect:** 1981
Equipment Sequence: 1 **Key Location:** RMG.OFFICE\JAINT.CL.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for May: **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SECOND BAPTIST CHURCH
 ATTN: JOSHUA HARTGROVE
 9614 RIVER RD
 HENRICO, VA 23229

Building Location:
 SECOND BAPTIST CHURCH
 9614 RIVER RD
 HENRICO, VA 23229

Phone: (804) 740-7101
 Email: jhartgrove@secondbaptistrva.org

Elevator Location ID:	ELVLOC-2001-00971	Code in Effect:	1984
Equipment Sequence:	1	Key Location:	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Department of Building Construction and Inspections
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SECOND BAPTIST CHURCH
 ATTN: JOSHUA HARTGROVE
 9614 RIVER RD
 HENRICO, VA 23229

Building Location:
 SECOND BAPTIST CHURCH
 9614 RIVER RD
 HENRICO, VA 23229

Phone: (804) 740-7101
 Email: jhartgrove@secondbaptistrva.org

Elevator Location ID:	ELVLOC-2001-00971	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia
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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: MONIQUE DOUCETTE
4501 Highwoods Pkwy, Suite 400
GLEN ALLEN, VA 23060

Building Location:
HIGHWOODS V
4820 LAKE BROOK DR
GLEN ALLEN, VA 23060

Phone: (804) 290-2174
Email: monique.doucette@highwoods.com

Elevator Location ID: ELVLOC-2001-00973
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: Category 1, Periodic
Code in Effect: 1993/2010
Key Location: KEY BOX
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): Inspection Agency:
Inspector Signature: Date:
Elevator Contractor:
Elevator Tech Name (Print): Tradesman Certification Number:
Building Representation Contacted (Print):
Type of Inspection/Test Performed:

Inspection / Test Results
Please use a separate sheet for each elevator

Multiple blank horizontal lines for recording inspection and test results.

**County of Henrico, Virginia**

Department of Building Construction and Inspections

P.O. Box 90775

Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:HIGHWOODS PROPERTIES
ATTN: MONIQUE DOUCETTE
4501 Highwoods Pkwy, Suite 400
GLEN ALLEN, VA 23060**Building Location:**HIGHWOODS V
4820 LAKE BROOK DR
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: monique.doucette@highwoods.com

Elevator Location ID: ELVLOC-2001-00973
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic****Code in Effect:** 1993/2010
Key Location: KEY BOX
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia

Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HIGHWOODS PROPERTIES
 ATTN: BRIAN MENDITTO
 4521 HIGHWOODS PKWY
 GLEN ALLEN VA. , VA 23060

Building Location:

MARKEL 4501
 4501 HIGHWOODS PKWY
 GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.menditto@highwoods.com

Elevator Location ID: ELVLOC-2001-00978

Code in Effect: 1993

Equipment Sequence: 1

Key Location: BOX AT FRT.ENTRANCE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HIGHWOODS PROPERTIES
 ATTN: BRIAN MENDITTO
 4521 HIGHWOODS PKWY
 GLEN ALLEN VA. , VA 23060

Building Location:
 MARKEL 4501
 4501 HIGHWOODS PKWY
 GLEN ALLEN, VA 23060

Phone: (804) 290-2169
 Email: brian.menditto@highwoods.com

Elevator Location ID:	ELVLOC-2001-00978	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	BOX AT FRT. ENTRANCE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic, Category 1		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HIGHWOODS PROPERTIES
ATTN: BRIAN MENDITTO
4521 HIGHWOODS PKWY
GLEN ALLEN VA. , VA 23060

Building Location:

MARKEL 4501
4501 HIGHWOODS PKWY
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.menditto@highwoods.com

Elevator Location ID: ELVLOC-2001-00978
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 1993
Key Location: BOX AT FRT.ENTRANCE
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 EXTENDED STAY AMERICA
 ATTN: STEVEN PATTERSON
 4231 PARK PLACE CT
 GLEN ALLEN, VA 23060

Building Location:
 EXTENDED STAY AMERICA
 4231 PARK PLACE CT
 GLEN ALLEN, VA 23060

Phone: (804) 747-5253
 Email: steve.patterson@marriott.com

Elevator Location ID:	ELVLOC-2001-00982	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	MANAGERS OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic, Category 1		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 EXTENDED STAY AMERICA
 ATTN: STEVEN PATTERSON
 4231 PARK PLACE CT
 GLEN ALLEN, VA 23060

Building Location:
 EXTENDED STAY AMERICA
 4231 PARK PLACE CT
 GLEN ALLEN, VA 23060

Phone: (804) 747-5253
 Email: steve.patterson@marriott.com

Elevator Location ID:	ELVLOC-2001-00982	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	MANAGERS OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Department of Building Construction and Inspections
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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ESA CERT MGMT
 ATTN: LERCH BATES
 9780 S MERIDIAN BLVD SUITE 450
 ENGLEWOOD, CO 80112

Building Location:
 EXTENDED STAY HOTEL
 6807 PARAGON PL
 HENRICO, VA 23230

Phone: (303) 795-7956
 Email: extendedstay.elevators@lerchbates

Elevator Location ID:	ELVLOC-2001-00985	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: JIMMY FITCH
 PO BOX 13470
 RICHMOND, VA 23225

Building Location:
 FRANKLIN COMMONS I
 5600 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 320-5500
 Email: jimmy.fitch@colliers.com

Elevator Location ID:	ELVLOC-2001-00986	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	FRONT GUARD DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: JIMMY FITCH
 PO BOX 13470
 RICHMOND, VA 23225

Building Location:
 FRANKLIN COMMONS I
 5600 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 320-5500
 Email: jimmy.fitch@colliers.com

Elevator Location ID:	ELVLOC-2001-00986	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	FRONT GUARD DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia

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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: JIMMY FITCH
PO BOX 13470
RICHMOND, VA 23225

Building Location:
FRANKLIN COMMONS I
5600 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 320-5500
Email: jimmy.fitch@colliers.com

Elevator Location ID: ELVLOC-2001-00986 **Code in Effect:** 1993
Equipment Sequence: 3 **Key Location:** FRONT GUARD DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for May: **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 PUBLIX SUPER MARKETS INC
 ATTN: VALERIA JACKSON
 PO BOX 32027
 LAKELAND, FL 33802-2027

Building Location:
 PUBLIX
 2250 JOHN ROLFE PKWY
 HENRICO, VA 23233-6913

Phone: (863) 688-7407
 Email: valeria.jackson@publix.com

Elevator Location ID: ELVLOC-2003-01079
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: CUSTOMER SVC. DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 PUBLIX SUPER MARKETS INC
 ATTN: VALERIA JACKSON
 PO BOX 32027
 LAKELAND, FL 33802-2027

Building Location:
 PUBLIX
 2250 JOHN ROLFE PKWY
 HENRICO, VA 23233-6913

Phone: (863) 688-7407
 Email: valeria.jackson@publix.com

Elevator Location ID: ELVLOC-2003-01079
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: CUSTOMER SVC. DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 PUBLIX SUPER MARKETS INC
 ATTN: VALERIA JACKSON
 PO BOX 32027
 LAKELAND, FL 33802-2027

Building Location:
 PUBLIX SUPER MARKETS #1589
 10250 STAPLES MILL RD
 GLEN ALLEN, VA 23060

Phone: (863) 688-7407
 Email: valeria.jackson@publix.com

Elevator Location ID:	ELVLOC-2003-01096	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	CUSTOMER SERVICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TWC HOLDINGS LLC
ATTN: JAMES HOLDER
4901 DICKENS RD SUITE 100
RICHMOND, VA 23230

Building Location:
WILTON PARK OFFICE II
4905 DICKENS RD
HENRICO, VA 23230

Phone: (804) 741-7368
Email: james@thewiltonco.com

Elevator Location ID: ELVLOC-2008-01317
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 2000
Key Location: LOCKBOX ON M.R.DOOR
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

MID ATLANTIC MGT. CO
ATTN: KARI FORDEN
2800 PATTERSON AVE SUITE 101
RICHMOND, VA 23221

Building Location:

WILLOW LAWN CENTER
1700 WILLOW LAWN DR
HENRICO, VA 23230

Phone: (804) 419-0752
Email: kforden@midatlanticmc.com

Elevator Location ID: ELVLOC-2008-01319
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 2000
Key Location:
Alarm Status:

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RIC HOTEL LLC
ATTN: DEVANG THAKAR
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:
HILTON GARDEN INN
441 INTERNATIONAL CENTRE DR
SANDSTON, VA 23150

Phone: (804) 777-9000
Email: devang.thakar@shaminhotels.com

Elevator Location ID:	ELVLOC-2008-01325	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RIC HOTEL LLC
ATTN: DEVANG THAKAR
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:
HILTON GARDEN INN
441 INTERNATIONAL CENTRE DR
SANDSTON, VA 23150

Phone: (804) 777-9000
Email: devang.thakar@shaminhotels.com

Elevator Location ID:	ELVLOC-2008-01325	Code in Effect:	2000
Equipment Sequence:	2	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AMERICAN FAMILY FITNESS - S.P.T.C.
ATTN: BRITTANY LAMBERT
4200 INNSLAKE DR SUITE 104
GLEN ALLEN, VA 23060

Building Location:
AMERICAN FAMILY FITNESS
11760 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-1200
Email: blambert@amfamfit.com

Elevator Location ID: ELVLOC-2008-01326
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 2000
Key Location: DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Innsbrook LLC
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:
WESTERRE IV
3901 WESTERRE PKWY
HENRICO, VA 23233

Phone: (804) 433-1804
Email: phogan@commonwealthcommercia

Elevator Location ID: ELVLOC-2008-01329
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 2000
Key Location: SUITE 200
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Innsbrook LLC
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:
WESTERRE IV
3901 WESTERRE PKWY
HENRICO, VA 23233

Phone: (804) 433-1804
Email: phogan@commonwealthcommerca

Elevator Location ID: ELVLOC-2008-01329
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 2000
Key Location: SUITE 200
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GAYTON ROAD PROPERTIES
ATTN: DEANNE THOMAS
13991 N GAYTON RD
HENRICO, VA 23233

Building Location:
WINGATE INN
13991 N GAYTON RD
HENRICO, VA 23233-7079

Phone: (804) 421-1600
Email: gm@wingateshortpump.com

Elevator Location ID:	ELVLOC-2008-01330	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GAYTON ROAD PROPERTIES
 ATTN: DEANNE THOMAS
 13991 N GAYTON RD
 HENRICO, VA 23233

Building Location:
 WINGATE INN
 13991 N GAYTON RD
 HENRICO, VA 23233-7079

Phone: (804) 421-1600
 Email: gm@wingateshortpump.com

Elevator Location ID: ELVLOC-2008-01330
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 2000
Key Location: FRONT DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WEST END PRESBYTERIAN CHURCH
 ATTN: KRISTIN TETTETON
 9008 QUIOCCASIN RD
 HENRICO, VA 23229

Building Location:

WEST END PRESBYTERIAN CHURCH
 9008 QUIOCCASIN RD
 HENRICO, VA 23229

Phone: (804) 741-6562

Email: kristin@wepc.org

Elevator Location ID: ELVLOC-2008-01345

Code in Effect: 2000

Equipment Sequence: 1

Key Location: CHURCH OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 NOBILITY INVESTMENTS LLC
 ATTN: MAYUR PATEL
 6627 W BROAD ST SUITE 300
 RICHMOND, VA 23230

Building Location:
 HAMPTON INN & SUITES
 5406 GLENSIDE DR
 HENRICO, VA 23228

Phone: (804) 756-1777
 Email: mayur.patel@kmhotels.com

Elevator Location ID: ELVLOC-2009-01393
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 2004
Key Location: FRONT DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

NOBILITY INVESTMENTS LLC
ATTN: MAYUR PATEL
6627 W BROAD ST SUITE 300
RICHMOND, VA 23230

Building Location:

HAMPTON INN & SUITES
5406 GLENSIDE DR
HENRICO, VA 23228

Phone: (804) 756-1777

Email: mayur.patel@kmhotels.com

Elevator Location ID: ELVLOC-2009-01393
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 2004
Key Location: FRONT DESK
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GLEN ALLEN BAPTIST CHURCH
 ATTN: FORREST MELTON
 3028 MOUNTAIN RD
 GLEN ALLEN, VA 23060-2001

Building Location:
 GLEN ALLEN BAPTIST CHURCH
 3028 MOUNTAIN RD
 GLEN ALLEN, VA 23060

Phone: (804) 839-3132
 Email: melton@sent.com

Elevator Location ID: ELVLOC-2010-01469
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 2004/2005
Key Location: OFFICE
Alarm Status: Not Alarmed

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WOOD SPRING SUITES
 ATTN: TAMMY RADFORD
 7200 GLEN FOREST DR STE 200
 RICHMOND, VA 23226

Building Location:
 WOOD SPRING SUITES
 6900 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 269-7746
 Email: gm.va765@woodspring.com

Elevator Location ID: ELVLOC-2012-01550 **Code in Effect:** 2005
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VEDC
ATTN: TERRY MYATT
6050 TECHNOLOGY CREEK DR
SANDSTON, VA 23150

Building Location:
BANK OF AMERICA - DATA CENTER
6050 TECHNOLOGY CREEK DR
SANDSTON, VA 23150

Phone: (804) 553-6208
Email: terry.myatt@cbre.com

Elevator Location ID: ELVLOC-2012-01555 **Code in Effect:** 2005
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

VEDC
ATTN: TERRY MYATT
6050 TECHNOLOGY CREEK DR
SANDSTON, VA 23150

Building Location:

BANK OF AMERICA - DATA CENTER
6050 TECHNOLOGY CREEK DR
SANDSTON, VA 23150

Phone: (804) 553-6208
Email: terry.myatt@cbre.com

Elevator Location ID: ELVLOC-2012-01555
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 2005
Key Location:
Alarm Status:

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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 P.O. Box 90775
 Henrico, VA 23273-0775

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MINI PRICE STORAGE
 ATTN: MELISSA OXENDINE
 2900 SABRE ST SUITE 75
 VIRGINIA BEACH, VA 23452

Building Location:
 MINI PRICE STORAGE
 3511 PEMBERTON RD
 HENRICO, VA 23233

Phone: (757) 468-7509
 Email: melissa.oxendine@minipricestorag

Elevator Location ID:	ELVLOC-2016-01786	Code in Effect: 2010
Equipment Sequence:	1	Key Location:
Elevator Type:	Hydraulic Elevator	Alarm Status:
Inspections for May:	Periodic	

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MINI PRICE STORAGE
ATTN: MELISSA OXENDINE
2900 SABRE ST SUITE 75
VIRGINIA BEACH, VA 23452

Building Location:
MINI PRICE STORAGE
3511 PEMBERTON RD
HENRICO, VA 23233

Phone: (757) 468-7509
Email: melissa.oxendine@minipricestorag

Elevator Location ID: ELVLOC-2016-01786 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MINI PRICE STORAGE
ATTN: MELISSA OXENDINE
2900 SABRE ST SUITE 75
VIRGINIA BEACH, VA 23452

Building Location:
MINI PRICE STORAGE
3511 PEMBERTON RD
HENRICO, VA 23233

Phone: (757) 468-7509
Email: melissa.oxendine@minipricestorag

Elevator Location ID:	ELVLOC-2016-01786	Code in Effect:	2010
Equipment Sequence:	3	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

GAYTON PROPERTIES LLC
ATTN: JIM BONNELL
706 OLD STREAM RD
MANAKIN SABOT, VA 23103

Building Location:

MANORHOUSE ASSISTED LIVING
13500 N GAYTON RD
HENRICO, VA 23233-7025

Phone: (804) 270-7255

Email: jbonnell@manorhouseretirement.c

Elevator Location ID: ELVLOC-2017-01797

Code in Effect: 2010

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for May: **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

GAYTON PROPERTIES LLC
ATTN: JIM BONNELL
706 OLD STREAM RD
MANAKIN SABOT, VA 23103

Building Location:

MANORHOUSE ASSISTED LIVING
13500 N GAYTON RD
HENRICO, VA 23233-7025

Phone: (804) 270-7255

Email: jbonnell@manorhouseretirement.c

Elevator Location ID: ELVLOC-2017-01797
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 2010
Key Location:
Alarm Status:

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GAYTON PROPERTIES LLC
 ATTN: JIM BONNELL
 706 OLD STREAM RD
 MANAKIN SABOT, VA 23103

Building Location:
 MANORHOUSE ASSISTED LIVING
 13500 N GAYTON RD
 HENRICO, VA 23233-7025

Phone: (804) 270-7255
 Email: jbonnell@manorhouseretirement.c

Elevator Location ID: ELVLOC-2017-01797 **Code in Effect:** 2010
Equipment Sequence: 3 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AMPLE STORAGE CENTER
ATTN: JOHN KNIGHT
5500 BROOK RD
RICHMOND, VA 23227

Building Location:
AMPLE STORAGE CENTER
5500 BROOK RD
HENRICO, VA 23228

Phone: (804) 266-1111
Email: brook@amplestoragecenter.com

Elevator Location ID: ELVLOC-2017-01805 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 AMPLE STORAGE CENTER
 ATTN: JOHN KNIGHT
 5500 BROOK RD
 RICHMOND, VA 23227

Building Location:
 AMPLE STORAGE CENTER
 5500 BROOK RD
 HENRICO, VA 23228

Phone: (804) 266-1111
 Email: brook@amplestoragecenter.com

Elevator Location ID:	ELVLOC-2017-01805	Code in Effect:	2010
Equipment Sequence:	2	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MONUMENT SQUARE CONDO ASSN.
 ATTN: MARY SINGER
 275 FINIAL AVE.
 HENRICO, VA 23226

Building Location:
 MONUMENT SQUARE CONDO. BLDG 1 -
 5201 MONUMENT AVE
 275 FINIAL AVE
 HENRICO, VA 23226

Phone: (804) 288-3905
 Email: msinger@communitygroup.com

Elevator Location ID:	ELVLOC-2017-01806	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	Category 1, Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PUBLIC STORAGE
ATTN: BRANDI BAILEY
8701 STAPLES MILL RD
HENRICO, VA 23228

Building Location:
PUBLIC STORAGE
8701 STAPLES MILL RD
HENRICO, VA 23228

Phone: (469) 808-0732
Email: bbailey@publicstorage.com

Elevator Location ID: ELVLOC-2017-01827 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LIFE STORAGE 06428
 ATTN: Atis
 600 Emerson Rd. Suite 225
 St. Louis, MO 63141

Building Location:
 LIFE STORAGE 06428
 4250 TOM LEONARD DR
 GLEN ALLEN, VA 23060

Phone: (716) 650-6139
 Email: mloper@lifestorage.com

Elevator Location ID:	ELVLOC-2017-01834	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 LIFE STORAGE 06428
 ATTN: Atis
 600 Emerson Rd. Suite 225
 St. Louis, MO 63141

Building Location:
 LIFE STORAGE 06428
 4250 TOM LEONARD DR
 GLEN ALLEN, VA 23060

Phone: (716) 650-6139
 Email: mloper@lifestorage.com

Elevator Location ID: ELVLOC-2017-01834
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ROCKETTS BLK.18/PENN. REALTY
 ATTN: TIFFANY NOWAK
 2701 E. LUZERNE ST.
 PHILADELPHIA, PA 19137

Building Location:
 ROCKETTS BLOCK 18 LLC
 5101 OLD MAIN ST
 HENRICO, VA 23231

Phone: (804) 335-1413
 Email: tnowak@prgreaestate.com

Elevator Location ID: ELVLOC-2017-01870 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for May: **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia

Department of Building Construction and Inspections
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ROCKETTS BLK.18/PENN. REALTY
ATTN: TIFFANY NOWAK
2701 E. LUZERNE ST.
PHILADELPHIA, PA 19137

Building Location:
ROCKETTS BLOCK 18 LLC
5101 OLD MAIN ST
HENRICO, VA 23231

Phone: (804) 335-1413
Email: tnowak@prgrealstate.com

Elevator Location ID: ELVLOC-2017-01870
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia
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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: SERENA MEADOR
 PO BOX 13470
 RICHMOND, VA 23225

Building Location:
 GREENGATE OFFICE BUILDING
 3400 HAYDENPARK LN
 HENRICO, VA 23233-7604

Phone: (804) 237-8082
 Email: serena.meador@colliers.com

Elevator Location ID:	ELVLOC-2018-01881	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: SERENA MEADOR
 PO BOX 13470
 RICHMOND, VA 23225

Building Location:
 GREENGATE OFFICE BUILDING
 3400 HAYDENPARK LN
 HENRICO, VA 23233-7604

Phone: (804) 237-8082
 Email: serena.meador@colliers.com

Elevator Location ID: ELVLOC-2018-01881
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AMPLE SELF STORAGE
ATTN: Dreshawn Lewis
4901 NINE MILE RD
RICHMOND, VA 23233-5738

Building Location:
AMPLE SELF STORAGE
4901 NINE MILE RD
HENRICO, VA 23223

Phone: (804) 222-4901
Email: rga@extendedstay.com

Elevator Location ID: ELVLOC-2018-01912
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GUMENICK PROPERTIES
 ATTN: SHELBY WEST
 5001 LIBBIE MILL EAST BLVD
 SUITE 120
 HENRICO, VA 23230

Building Location:
 GUMENICK PROPERTIES
 5001 LIBBIE MILL EAST BLVD #1
 HENRICO, VA 23230

Phone: (833) 810-0134
 Email: swest@gumprop.com

Elevator Location ID:	ELVLOC-2018-01914	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GUMENICK PROPERTIES
 ATTN: SHELBY WEST
 5001 LIBBIE MILL EAST BLVD
 SUITE 120
 HENRICO, VA 23230

Building Location:
 GUMENICK PROPERTIES
 5001 LIBBIE MILL EAST BLVD #1
 HENRICO, VA 23230

Phone: (833) 810-0134
 Email: swest@gumprop.com

Elevator Location ID:	ELVLOC-2018-01914	Code in Effect:	2010
Equipment Sequence:	2	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GUMENICK PROPERTIES
ATTN: SHELBY WEST
5001 LIBBIE MILL EAST BLVD
SUITE 120
HENRICO, VA 23230

Building Location:
GUMENICK PROPERTIES
5001 LIBBIE MILL EAST BLVD #1
HENRICO, VA 23230

Phone: (833) 810-0134
Email: swest@gumprop.com

Elevator Location ID: ELVLOC-2018-01914 **Code in Effect:** 2010
Equipment Sequence: 3 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

**County of Henrico, Virginia**

Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

KHUSHAL LLC
 ATTN: RAVI PATEL
 5252 AIRPORT SQUARE LN.
 SANDSTON, VA 23150

Building Location:

FAIRFIELD INN & SUITES
 5252 AIRPORT SQUARE LN
 SANDSTON, VA 23150

Phone: (804) 226-1100

Email: ravi.patel@sinahospitality.com

Elevator Location ID: ELVLOC-2018-01940**Code in Effect:** 2010**Equipment Sequence:** 1**Key Location:****Elevator Type:** Hydraulic Elevator**Alarm Status:****Inspections for May:** **Periodic, Category 1**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
KHUSHAL LLC
ATTN: RAVI PATEL
5252 AIRPORT SQUARE LN.
SANDSTON, VA 23150

Building Location:
FAIRFIELD INN & SUITES
5252 AIRPORT SQUARE LN
SANDSTON, VA 23150

Phone: (804) 226-1100
Email: ravi.patel@sinahospitality.com

Elevator Location ID: ELVLOC-2018-01940 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FOUR MILE CREEK BAPTIST CHURCH
ATTN: HENRY NELSON
2950 NEW MARKET RD
HENRICO, VA 23231-7501

Building Location:
FOUR MILE CREEK BAPTIST CHURCH
2950 NEW MARKET RD
HENRICO, VA 23231

Phone: (804) 795-2044
Email: manels9@verizon.net

Elevator Location ID: ELVLOC-2019-01991 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Roped Hydraulic Elevator **Alarm Status:**
Inspections for May: **Category 1, Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator



County of Henrico, Virginia

Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

GS SHORT PUMP AA APT. OWNER LLC
ATTN: DAVE ARNETT
12651 THREE CHOPT RD
HENRICO, VA 23233

Building Location:

EVERLEIGH SHORT PUMP APTS
12651 THREE CHOPT RD
HENRICO, VA 23233

Phone: (804) 362-5000

Email: everleighshortpump@greystar.com

Elevator Location ID: ELVLOC-2020-02099

Code in Effect: 2013

Equipment Sequence: 1

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for May: Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia
 Department of Building Construction and Inspections
 P.O. Box 90775
 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GS SHORT PUMP AA APT. OWNER LLC
 ATTN: DAVE ARNETT
 12651 THREE CHOPT RD
 HENRICO, VA 23233

Building Location:
 EVERLEIGH SHORT PUMP APTS
 12651 THREE CHOPT RD
 HENRICO, VA 23233

Phone: (804) 362-5000
 Email: everleighshortpump@greystar.com

Elevator Location ID: ELVLOC-2020-02099 **Code in Effect:** 2013
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for May: **Periodic**

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

GS SHORT PUMP AA APT. OWNER LLC
ATTN: DAVE ARNETT
12651 THREE CHOPT RD
HENRICO, VA 23233

Building Location:

EVERLEIGH SHORT PUMP APTS
12651 THREE CHOPT RD
HENRICO, VA 23233

Phone: (804) 362-5000

Email: everleighshortpump@greystar.com

Elevator Location ID: ELVLOC-2020-02099

Code in Effect: 2013

Equipment Sequence: 3

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for May: Periodic

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 1420 N PARHAM ROAD LC
 ATTN: GARLAND TAYLOR
 13141 Ashleys Boreen Ln.
 Glen Allen, VA 23059

Building Location:
 SLOOP JOHN B
 1420 N PARHAM RD
 HENRICO, VA 23229

Phone: (804) 334-1188
 Email: ggtaylor4@gmail.com

Elevator Location ID:	ELVLOC-2021-02157	Code in Effect:	2013
Equipment Sequence:	1	Key Location:	
Elevator Type:	Roped Hydraulic Elevator	Alarm Status:	
Inspections for May:	Category 1, Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GUMENICK PROPERTIES
 ATTN: ERIC MCGRATH
 5000 LIBBIE MILL EAST BLVD
 HENRICO, VA 23230

Building Location:
 WELLSMITH
 5000 LIBBIE MILL EAST BLVD
 HENRICO, VA 23230

Phone: (804) 370-8707
 Email: squattelbaum@gumprop.com

Elevator Location ID:	ELVLOC-2022-000011	Code in Effect:	2013
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator



County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GUMENICK PROPERTIES
ATTN: ERIC MCGRATH
5000 LIBBIE MILL EAST BLVD
HENRICO, VA 23230

Building Location:
WELLSMITH
5000 LIBBIE MILL EAST BLVD
HENRICO, VA 23230

Phone: (804) 370-8707
Email: squattelbaum@gumprop.com

Elevator Location ID: ELVLOC-2022-000011
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for May: **Periodic**

Code in Effect: 2013
Key Location:
Alarm Status:

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GUMENICK PROPERTIES
 ATTN: ERIC MCGRATH
 5000 LIBBIE MILL EAST BLVD
 HENRICO, VA 23230

Building Location:
 WELLSMITH
 5000 LIBBIE MILL EAST BLVD
 HENRICO, VA 23230

Phone: (804) 370-8707
 Email: squattelbaum@gumprop.com

Elevator Location ID:	ELVLOC-2022-000011	Code in Effect:	2013
Equipment Sequence:	3	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for May:	Periodic		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 Please use a separate sheet for each elevator