



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:
INNSLAKE CENTER
4355 INNSLAKE DR
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00004
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 1993
Key Location: KEYBOX AT FRT. 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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Owner / Agent:
 HIGHWOODS PROPERTIES
 ATTN: MONIQUE DOUCETTE
 4501 HIGHWOODS PKWY
 SUITE 400
 GLEN ALLEN, VA 23060

Building Location:
 INNSLAKE CENTER
 4355 INNSLAKE DR
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00004 **Code in Effect:** 1993
Equipment Sequence: 2 **Key Location:** KEYBOX AT FRT. DOOR
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for January: **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): _____
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PREMIER INVESTMENT
ATTN: KIMA LEDESMA
7910 WOODMONT AVE - SUITE 1405
BETHESDA, MD 20814

Building Location:
CITIZENS ONE MORTGAGE
10561 TELEGRAPH RD
GLEN ALLEN, VA 23059

Phone: (240) 630-4000 Ext. 44
Email: kledesma@premierinvestment.com

Elevator Location ID:	ELVLOC-2001-00005	Code in Effect:	1993/ 2010
Equipment Sequence:	1	Key Location:	RECPT. DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Owner / Agent:
 PREMIER INVESTMENT
 ATTN: KIMA LEDESMA
 7910 WOODMONT AVE - SUITE 1405
 BETHESDA, MD 20814

Building Location:
 CITIZENS ONE MORTGAGE
 10561 TELEGRAPH RD
 GLEN ALLEN, VA 23059

Phone: (240) 630-4000 Ext. 44
 Email: kledesma@premierinvestment.com

Elevator Location ID:	ELVLOC-2001-00005	Code in Effect:	1993/ 2010
Equipment Sequence:	2	Key Location:	RECPT. DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:
NEWLINK MANAGEMENT GROUP
ATTN: TRACY ALLEN
6806 PARAGON PLACE - SUITE 120
RICHMOND, VA 23230

Building Location:
BROOKFIELD COMMONS
6600 W BROAD ST
HENRICO, VA 23230

Phone: (804) 381-3935
Email: tracy.allen@newlinkmg.com

Elevator Location ID: ELVLOC-2001-00218
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 2010
Key Location: LOCKBOX@RM.8425
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:
 NEWLINK MANAGEMENT GROUP
 ATTN: TRACY ALLEN
 6806 PARAGON PLACE - SUITE 120
 RICHMOND, VA 23230

Building Location:
 BROOKFIELD COMMONS
 6600 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 381-3935
 Email: tracy.allen@newlinkmg.com

Elevator Location ID: ELVLOC-2001-00218
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 1971/2010
Key Location: LOCKBOX@RM.8425
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:
 TRELIAM LLC
 ATTN: KRISTY JACKSON
 6010 W Broad ST> Suite 103
 RICHMOND, VA 23230

Building Location:
 HAMPTON EQUITY LLC
 6010 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 306-3219
 Email: k.jackson@whoarva.com

Elevator Location ID: ELVLOC-2001-00220
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 1971
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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COMMONWEALTH COMMERCIAL
ATTN: MICHAEL MOOLHUYZEN
4198 COX RD, SUITE 200
GLEN ALLEN, VA 23060

Building Location:
THE MEDICAL SOCIETY OF VA
2924 EMERYWOOD PKWY
HENRICO, VA 23294

Phone: (804) 228-4926
Email: mmoolhuyzen@commonwealthcom

Elevator Location ID: ELVLOC-2001-00224 **Code in Effect:** 1978
Equipment Sequence: 1 **Key Location:** 3R/D FL. / RECPT DSK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for January: **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:
 COMMONWEALTH COMMERCIAL
 ATTN: MICHAEL MOOLHUYZEN
 4198 COX RD, SUITE 200
 GLEN ALLEN, VA 23060

Building Location:
 THE MEDICAL SOCIETY OF VA
 2924 EMERYWOOD PKWY
 HENRICO, VA 23294

Phone: (804) 228-4926
 Email: mmoolhuyzen@commonwealthcom

Elevator Location ID: ELVLOC-2001-00224	Code in Effect: 1978
Equipment Sequence: 2	Key Location: 3R/D FL. / RECPT DSK
Elevator Type: Hydraulic Elevator	Alarm Status: Not Alarmed
Inspections for January: 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:
 MOTEL 6
 ATTN: SARAH BRUMFIELD
 7831 SHRADER RD
 HENRICO, VA 23228

Building Location:
 MOTEL 6
 7831 SHRADER RD
 HENRICO, VA 23294

Phone: (804) 273-6100
 Email: m63232bo@6franchise.com

Elevator Location ID: ELVLOC-2001-00237
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
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: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

PEMBROOKE MEDICAL BUILDING
2301 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 977-6550

Email: katharinegottlieb@gmail.com

Elevator Location ID: ELVLOC-2001-00239

Code in Effect: 1993

Equipment Sequence: 1

Key Location: 1ST. FL. OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: **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:

G H HOLDINGS LLC
 ATTN: ERIC HURLOCKER
 4908 MONUMENT AVE SUITE 200
 RICHMOND, VA 23230

Building Location:

GREENE HURLOCKER BUILDING
 4908 MONUMENT AVE
 HENRICO, VA 23230

Phone: (804) 864-1100

Email: ehurlocker@greenehurlocker.com

Elevator Location ID: ELVLOC-2001-00252

Code in Effect: 1965

Equipment Sequence: 1

Key Location: 2/ND FL. RECPT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: 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:
 MONUMENT HGTS BAPTIST CHURCH
 ATTN: JONATHAN HOLSTE
 5716 MONUMENT AVE
 RICHMOND, VA 23226

Building Location:
 MONUMENT HGTS BAPTIST CHURCH
 5716 MONUMENT AVE
 HENRICO, VA 23226

Phone: (804) 285-3256
 Email: jholste@monumentheights.org

Elevator Location ID: ELVLOC-2001-00255
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1971
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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BRANDYWINE REALTY TRUST
ATTN: BRANDON MALONE
300 ARBORETUM PL SUITE 300
RICHMOND, VA 23236

Building Location:
PARAGON I
6800 PARAGON PL
HENRICO, VA 23230

Phone: (804) 521-1828
Email: brandon.malone@bdnreit.com

Elevator Location ID: ELVLOC-2001-00280
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for January: Periodic

Code in Effect:
Key Location: ROOM 226
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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Owner / Agent:
 BRANDYWINE REALTY TRUST
 ATTN: BRANDON MALONE
 300 ARBORETUM PL SUITE 300
 RICHMOND, VA 23236

Building Location:
 PARAGON I
 6800 PARAGON PL
 HENRICO, VA 23230

Phone: (804) 521-1828
 Email: brandon.malone@bdnreit.com

Elevator Location ID: ELVLOC-2001-00280
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for January: **Periodic**

Code in Effect:
Key Location: ROOM 226
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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Owner / Agent:
 BRANDYWINE REALTY TRUST
 ATTN: BRANDON MALONE
 300 ARBORETUM PL SUITE 300
 RICHMOND, VA 23236

Building Location:
 PARAGON I
 6800 PARAGON PL
 HENRICO, VA 23230

Phone: (804) 521-1828
 Email: brandon.malone@bdnreit.com

Elevator Location ID: ELVLOC-2001-00280
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for January: **Periodic**

Code in Effect:
Key Location: ROOM 226
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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Owner / Agent:
BRANDYWINE REALTY TRUST
ATTN: BRANDON MALONE
300 ARBORETUM PL SUITE 300
RICHMOND, VA 23236

Building Location:
PARAGON I
6800 PARAGON PL
HENRICO, VA 23230

Phone: (804) 521-1828
Email: brandon.malone@bdnreit.com

Elevator Location ID: ELVLOC-2001-00280
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for January: **Periodic**

Code in Effect:
Key Location: ROOM 226
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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Owner / Agent:

BRANDYWINE REALTY TRUST
ATTN: BRANDON MALONE
300 ARBORETUM PL SUITE 300
RICHMOND, VA 23236

Building Location:

PARAGON II
6802 PARAGON PL
HENRICO, VA 23230

Phone: (804) 521-1828
Email: brandon.malone@bdnreit.com

Elevator Location ID: ELVLOC-2001-00281

Code in Effect: 1987

Equipment Sequence: 1

Key Location: RM.205

Elevator Type: Electric Elevator

Alarm Status: Alarmed

Inspections for January: **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:
BRANDYWINE REALTY TRUST
ATTN: BRANDON MALONE
300 ARBORETUM PL SUITE 300
RICHMOND, VA 23236

Building Location:
PARAGON II
6802 PARAGON PL
HENRICO, VA 23230

Phone: (804) 521-1828
Email: brandon.malone@bdnreit.com

Elevator Location ID: ELVLOC-2001-00281
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for January: **Periodic**

Code in Effect: 1987
Key Location: RM.205
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:

BRANDYWINE REALTY TRUST
ATTN: BRANDON MALONE
300 ARBORETUM PL SUITE 300
RICHMOND, VA 23236

Building Location:

PARAGON II
6802 PARAGON PL
HENRICO, VA 23230

Phone: (804) 521-1828
Email: brandon.malone@bdnreit.com

Elevator Location ID: ELVLOC-2001-00281
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for January: **Periodic**

Code in Effect: 1987
Key Location: RM.205
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: _____

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:
COMMONWEALTH COMMERCIAL
ATTN: MICHAEL MOOLHUYZEN
4198 COX RD
GLEN ALLEN, VA 23060

Building Location:
1518 WILLOW LAWN
1518 WILLOW LAWN DR
HENRICO, VA 23230-3419

Phone: (804) 228-4926
Email: mmoolhuyzen@commonwealthcom

Elevator Location ID:	ELVLOC-2001-00301	Code in Effect:	1955
Equipment Sequence:	1	Key Location:	3RD.FL.FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:

PEAK PROPERTY MANAGEMENT
 ATTN: PEAK PROPERTY MANAGEMENT
 PO BOX 11285
 RICHMOND, VA 23230

Building Location:

1512 WILLOW LAWN
 1512 WILLOW LAWN DR
 HENRICO, VA 23230-3117

Phone: (804) 372-3272
 Email: Support@peakcommercialmanage

Elevator Location ID:	ELVLOC-2001-00302	Code in Effect:	1965
Equipment Sequence:	1	Key Location:	3RD.FL.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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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 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:
 1516 WILLOW LAWN LLC
 ATTN: Ryan Boyer
 4900 Augusta Ave. Ste 101
 Richmond, VA 23230

Building Location:
 1516 WILLOW LAWN LLC
 1516 WILLOW LAWN DR
 HENRICO, VA 23230-3412

Phone: (804) 372-3272
 Email: support@peakcommercialmanage

Elevator Location ID: ELVLOC-2001-00303
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1955
Key Location: 1ST.FL.
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:

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

Building Location:

MARYLAND BUILDING
1510 WILLOW LAWN DR
HENRICO, VA 23230-3429

Phone: (804) 288-3189

Email: hatcher3@comcast.net

Elevator Location ID: ELVLOC-2001-00304

Code in Effect: 1960

Equipment Sequence: 1

Key Location: LOBBY BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: **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:
CRENSHAW REALTY
ATTN: HATCHER CRENSHAW
1910 BYRD AVE
RICHMOND, VA 23230

Building Location:
VIRGINIA PLAZA
1508 WILLOW LAWN DR
HENRICO, VA 23230-3421

Phone: (804) 288-3189
Email: hatcher3@comcast.net

Elevator Location ID: ELVLOC-2001-00305
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect:
Key Location: LOBBY 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:
 CRENSHAW REALTY
 ATTN: HATCHER CRENSHAW
 1910 BYRD AVE
 RICHMOND, VA 23230

Building Location:
 CATALYST BUILDING
 1506 WILLOW LAWN DR
 HENRICO, VA 23230-3413

Phone: (804) 288-3189
 Email: hatcher3@comcast.net

Elevator Location ID: ELVLOC-2001-00306
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1960
Key Location: LOBBY 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:
 CRENSHAW REALTY
 ATTN: HATCHER CRENSHAW
 1910 BYRD AVE
 RICHMOND, VA 23230

Building Location:
 EXECUTIVE OFFICE BUILDING
 1904 BYRD AVE
 HENRICO, VA 23230-3004

Phone: (804) 288-3189
 Email: hatcher3@comcast.net

Elevator Location ID: ELVLOC-2001-00351
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: Periodic

Code in Effect: 1960
Key Location: LOBBY 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:

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

Building Location:

BYRD BUILDING
1910 BYRD AVE
HENRICO, VA 23230-3034

Phone: (804) 288-3189
Email: hatcher3@comcast.net

Elevator Location ID: ELVLOC-2001-00352

Code in Effect: 1960

Equipment Sequence: 1

Key Location: LOCK BOX \ OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: **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
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
KINGS CREST LLC.
ATTN: SYNDIE MONAGHAN
7300 HANOVER GREEN DR
MECHANICSVILLE, VA 23111

Building Location:
PARHAM/64 OFFICE BUILDING
2807 N PARHAM RD
HENRICO, VA 23294

Phone: (804) 544-1230
Email: dag@dagenhart.com

Elevator Location ID:	ELVLOC-2001-00360	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	KEY BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:

KINGS CREST LLC.
ATTN: SYNDIE MONAGHAN
7300 HANOVER GREEN DR
MECHANICSVILLE, VA 23111

Building Location:

PARHAM/64 OFFICE BUILDING
2807 N PARHAM RD
HENRICO, VA 23294

Phone: (804) 544-1230

Email: dag@dagenhart.com

Elevator Location ID: ELVLOC-2001-00360

Code in Effect: 1993

Equipment Sequence: 2

Key Location: KEY BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: **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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 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:
 NORTH PARHAM REALTY
 ATTN: DAVID GALPERN
 PO BOX 7331
 RICHMOND, VA 23221

Building Location:
 ST. PAUL OFFICE BUILDING
 2819 N PARHAM RD
 HENRICO, VA 23294

Phone: (804) 803-1362
 Email: drgalpern@gmail.com

Elevator Location ID: ELVLOC-2001-00364
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1971
Key Location: MAIL ROOM
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:

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

Building Location:

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

Phone: (804) 422-5000

Email: dpullan@rarealtors.com

Elevator Location ID: ELVLOC-2001-00372

Code in Effect: 1971/2012

Equipment Sequence: 1

Key Location: RECPT. DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: **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:
FIRST COMMUNITY BANK
ATTN: SHELIA CROOKS
2702 N. PARHAM RD.
HENRICO, VA 23294

Building Location:
FIRST COMMUNITY BANK
2702 N PARHAM RD
HENRICO, VA 23294

Phone: (304) 323-6470
Email: secrooks@fcbinc.com

Elevator Location ID: ELVLOC-2001-00378
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1971
Key Location: BANK LOBBY
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:

CATHOLIC DIOCESE OF RICHMOND
ATTN: J.L. MURPHY
7800 CAROUSEL LN
HENRICO, VA 23228

Building Location:

CATHOLIC DIOCESE OF RICHMOND
7800 CAROUSEL LN
HENRICO, VA 23294

Phone: (804) 622-5102

Email: jlmurphy@richmonddiocese.org

Elevator Location ID: ELVLOC-2001-00380

Equipment Sequence: 1

Elevator Type: Hydraulic Elevator

Inspections for January: **Periodic**

Code in Effect: 1987

Key Location: BRK. 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:
CONNECTS F.C.U.
ATTN: Chloe Luebbert
7700 Shrader Rd
Henrico, VA 23228

Building Location:
CONNECTS FEDERAL CREDIT UNION
7700 SHRADER RD
HENRICO, VA 23228

Phone: (804) 756-5000
Email: cluebbert@connectsfcu.org

Elevator Location ID: ELVLOC-2001-00382

Code in Effect: 1990

Equipment Sequence: 1

Key Location: KEYBOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: 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:
 MIDTOWN RICHMOND LLC
 ATTN: FELECIA WASHINGTON
 PO Box 13470
 RICHMOND, VA 23225

Building Location:
 ONE HOLLAND PLACE
 2235 STAPLES MILL RD
 HENRICO, VA 23230

Phone: (804) 237-8679
 Email: felecia.washington@colliers.com

Elevator Location ID: ELVLOC-2001-00410 **Code in Effect:** 1984
Equipment Sequence: 1 **Key Location:** SECURITY DESK
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for January: **Periodic, Category 1, Category 5**

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:

MIDTOWN RICHMOND LLC
ATTN: FELECIA WASHINGTON
PO Box 13470
RICHMOND, VA 23225

Building Location:

ONE HOLLAND PLACE
2235 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 237-8679

Email: felecia.washington@colliers.com

Elevator Location ID: ELVLOC-2001-00410

Code in Effect: 1984

Equipment Sequence: 2

Key Location: SECURITY DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for January: **Category 5, 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:
2120 STAPLES MILL PARTNERS LLC
ATTN: EMMA GHAZAOUI
PO BOX 5160
Glen Allen, VA 23058

Building Location:
STAPLES MILL PROFESSIONAL BUILDING
2120 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 344-7164
Email: emma.ghazaoui@thalhimer.com

Elevator Location ID: ELVLOC-2001-00412 **Code in Effect:** 1971
Equipment Sequence: 1 **Key Location:** 2ND \ FL.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for January: **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:

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

Building Location:

ENTERPRISE CENTER
 5310 MARKEL RD
 HENRICO, VA 23230

Phone: (804) 285-8500
 Email: jvirgin@silinsurance.com

Elevator Location ID: ELVLOC-2001-00426

Code in Effect: 1960

Equipment Sequence: 1

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: 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:
 BERNSTEIN PROPERTIES
 ATTN: Melissa Austin
 5206 Markel Rd Suite 306
 Richmond, VA 23230

Building Location:
 THE CONTINENTAL BUILDING
 5206 MARKEL RD
 HENRICO, VA 23230

Phone: (804) 288-1232
 Email: melissa@bernstein-enterprises.co

Elevator Location ID:	ELVLOC-2001-00427	Code in Effect:	1960
Equipment Sequence:	1	Key Location:	3RD.FL. BERNSTIEN PR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:
ENTERCOM
ATTN: STEPHANIE GROGAN
PO BOX 122001
LITHIA SPRINGS, GA 30122

Building Location:
ENTERCOM RICHMOND
3245 BASIE RD
HENRICO, VA 23228

Phone: (804) 474-0010
Email: stephanie.grogan@audacy.com

Elevator Location ID:	ELVLOC-2001-00481	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:

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

Building Location:

UNISTAFF BUILDING
4914 RADFORD AVE
HENRICO, VA 23230

Phone: (804) 288-3189

Email: hatcher3@comcast.net

Elevator Location ID: ELVLOC-2001-00502

Code in Effect: 1955

Equipment Sequence: 1

Key Location: KEY BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: 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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P.O. Box 90775
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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

UNISTAFF BUILDING
4914 RADFORD AVE
HENRICO, VA 23230

Phone: (804) 288-3189

Email: hatcher3@comcast.net

Elevator Location ID: ELVLOC-2001-00502

Code in Effect: 1955

Equipment Sequence: 2

Key Location: KEY BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: 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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 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:
 LIM PROPERTIES
 ATTN: H. PETTIS LECOMPTE
 5310 MARKEL RD SUITE 203
 RICHMOND, VA 23230

Building Location:
 THE GLEN BUILDING
 4914 FITZHUGH AVE
 HENRICO, VA 23230

Phone: (804) 288-8500
 Email: hplecomp@aol.com

Elevator Location ID: ELVLOC-2001-00526 **Code in Effect:** 1965
Equipment Sequence: 1 **Key Location:** 2ND. FL.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for January: **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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 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:
 HOB SIGMON REALTY
 ATTN: LINDA WARDEN
 3108 N PARHAM RD SUITE 604 C
 HENRICO, VA 23294

Building Location:
 SAGER CENTER
 4906 FITZHUGH AVE
 HENRICO, VA 23230

Phone: (804) 346-9400
 Email: rodsagerlaw@aol

Elevator Location ID: ELVLOC-2001-00527 **Code in Effect:** 1965
Equipment Sequence: 1 **Key Location:** KEY BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for January: **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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 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:
 MAILHANDLERS UNION LOCAL 305
 ATTN: LESLIE HAMLETT
 4907 FITZHUGH AVE - SUITE 100
 RICHMOND, VA 23230

Building Location:
 MAILHANDLERS UNION LOCAL 305
 4907 FITZHUGH AVE
 HENRICO, VA 23230

Phone: (804) 358-4664
 Email: Leslie.Hamlett@L305.org

Elevator Location ID: ELVLOC-2001-00528
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1960
Key Location: OFFICE 1ST.FL
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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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
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

Building Location:
BLUE CHIP PROPERTIES, LLC
5000 MONUMENT AVE
HENRICO, VA 23230

Phone: (804) 237-8681
Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00535
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 1981
Key Location: 2ND.FL. RECPT.
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
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

Building Location:
CORPORATE OFFICE CENTER
5004 MONUMENT AVE
HENRICO, VA 23230

Phone: (804) 237-8681
Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00536
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1981
Key Location: J.PEARSON \ 5012
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:
 COLLIERS
 ATTN: TRACI PARSLEY
 PO Box 13470
 RICHMOND, VA 23225

Building Location:
 I V N A
 5008 MONUMENT AVE
 HENRICO, VA 23230

Phone: (804) 237-8681
 Email: traci.parsley@colliers.com

Elevator Location ID:	ELVLOC-2001-00537	Code in Effect:	1981
Equipment Sequence:	1	Key Location:	C.CARTER \ MGR.OFF.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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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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:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

Building Location:
MOSBY HOUSE
5012 MONUMENT AVE
HENRICO, VA 23230

Phone: (804) 237-8681
Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00538 **Code in Effect:** 1981
Equipment Sequence: 1 **Key Location:** J.PEARSON 5012
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for January: **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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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:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

Building Location:
DUNN HOUSE
5014 MONUMENT AVE
HENRICO, VA 23230

Phone: (804) 237-8681
Email: traci.parsley@colliers.com

Elevator Location ID: ELVLOC-2001-00539
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1981
Key Location: J.PEARSON \ 5012
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:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

Building Location:
COLLINS HOUSE
5016 MONUMENT AVE
HENRICO, VA 23230

Phone: (804) 237-8681
Email: traci.parsley@colliers.com

Elevator Location ID:	ELVLOC-2001-00540	Code in Effect:	1981
Equipment Sequence:	1	Key Location:	J.PEARSON 5012
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

Building Location:
CECIL HOUSE
5018 MONUMENT AVE
HENRICO, VA 23230

Phone: (804) 237-8681
Email: traci.parsley@colliers.com

Elevator Location ID:	ELVLOC-2001-00541	Code in Effect:	1981
Equipment Sequence:	1	Key Location:	J.PEARSON 5012
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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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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
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

Building Location:
ZOOM INVESTMENTS
5020 MONUMENT AVE
HENRICO, VA 23230

Phone: (804) 237-8681
Email: traci.parsley@colliers.com

Elevator Location ID:	ELVLOC-2001-00542	Code in Effect:	1981
Equipment Sequence:	1	Key Location:	MR.ZWERDLING
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:
 GLENBURNIE REHAB/NURSING CENTER
 ATTN: BETHANY QUAYLE
 1901 LIBBIE AVE
 RICHMOND, VA 23226

Building Location:
 GLENBURNIE REHAB/NURSING CENTER
 1901 LIBBIE AVE
 HENRICO, VA 23226

Phone: (804) 281-3500
 Email: bquayle@glenburniehc.com

Elevator Location ID: ELVLOC-2001-00552
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 1965
Key Location: MAINT. SHOP
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:

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

Building Location:

LAWRENCE BANK BUILDING
6924 LAKESIDE AVE
HENRICO, VA 23228

Phone: (804) 262-6593

Email: peter.francisco@verizon.net

Elevator Location ID: ELVLOC-2001-00601
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1960
Key Location: BSMT.STAIRS 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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
 FRANCO'S CUSTOM TAILOR SHOP
 5321 LAKESIDE AVE
 HENRICO, VA 23228

Phone: (804) 264-2994
 Email: kevin@francos.com

Elevator Location ID: ELVLOC-2001-00604
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: 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: _____

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

Building Location:
FRANCO'S CUSTOM TAILOR SHOP
5321 LAKESIDE AVE
HENRICO, VA 23228

Phone: (804) 264-2994
Email: kevin@francos.com

Elevator Location ID: ELVLOC-2001-00604
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1984
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

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

Building Location:
FBI FIELD OFFICE
1970 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 516-7438
Email: andrew.powell@colliers.com

Elevator Location ID: ELVLOC-2001-00606
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1993
Key Location: J.GWYNN-MAINT. DEPT.
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: _____

Inspection / Test Results
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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:

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

Building Location:

FBI FIELD OFFICE
1970 E PARHAM RD
HENRICO, VA 23228

Phone: (804) 516-7438

Email: andrew.powell@colliers.com

Elevator Location ID: ELVLOC-2001-00606
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1993
Key Location: J.GWYNN-MAINT. DEPT.
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: _____

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

Building Location:
 FBI FIELD OFFICE
 1970 E PARHAM RD
 HENRICO, VA 23228

Phone: (804) 516-7438
 Email: andrew.powell@colliers.com

Elevator Location ID: ELVLOC-2001-00606
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1993
Key Location: J.GWYNN-MAINT. DEPT.
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: _____

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:
KB HOSPITALITY LLC
ATTN: PRAKASH PATEL
6000 AUDUBON DR
SANDSTON, VA 23150

Building Location:
MICROTEL INN & SUITES
6000 AUDUBON DR
SANDSTON, VA 23150

Phone: (941) 667-1400
Email: microtelkb@gmail.com

Elevator Location ID: ELVLOC-2001-00635
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

FAITH LANDMARKS CHURCH
ATTN: JAMES GILBERT / KIM BENTON
8491 CHAMBERLAYNE RD
RICHMOND, VA 23227

Building Location:

FAITH LANDMARKS CHURCH
8491 CHAMBERLAYNE RD
HENRICO, VA 23227

Phone: (804) 262-7104
Email: jagilbert@faithlandmarks.org

Elevator Location ID: ELVLOC-2001-00656
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1993
Key Location: CHURCH 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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

SHREE HARI HOSPITALITY 1 LLC
ATTN: JAY PATEL
5203 WILLIAMSBURG RD
SANDSTON, VA 23150

Building Location:

RODEWAY INN
5203 WILLIAMSBURG RD
SANDSTON, VA 23150

Phone: (804) 222-6450
Email: rodewayshh@gmail.com

Elevator Location ID: ELVLOC-2001-00751

Code in Effect: 1978

Equipment Sequence: 1

Key Location: LOBBY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: **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:
COUNTRY CLUB OF VIRGINIA
ATTN: CRAIG SHARPE
6031 ST ANDREWS LN
RICHMOND, VA 23226

Building Location:
COUNTRY CLUB OF VIRGINIA
709 S GASKINS RD
HENRICO, VA 23238

Phone: (804) 287-1448
Email: craig.sharpe@theccv.org

Elevator Location ID: ELVLOC-2001-00806
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
Key Location: LOCK BOX - 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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 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:
 VILLAGE SHOPPING CENTER
 ATTN: BETTIE LODGE
 PO BOX 7626
 MERRIFIELD, VA 22116-7626

Building Location:
 VILLAGE SHOPPING CENTER
 7027 THREE CHOPT RD
 HENRICO, VA 23226-3606

Phone: (804) 288-3083
 Email: luke@puccinellimanagement.com

Elevator Location ID:	ELVLOC-2001-00808	Code in Effect:	1971
Equipment Sequence:	1	Key Location:	BOX ON WALL
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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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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:
REAL PROPERTY MANAGEMENT
ATTN: RALPH REAHARD
1100 WELBORNE DR.
RICHMOND, VA 23229

Building Location:
WELBORNE PARK OFFICE BUILDING
1100 WELBORNE DR
HENRICO, VA 23229

Phone: (804) 342-5800
Email: ralph@rpmrichmondmetro.com

Elevator Location ID: ELVLOC-2001-00830
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1960
Key Location: 3RD FL.
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:

PARHAM SHOPPING CENTER LLC
ATTN: EMMA GHAZAOUI
PO BOX 5160
Glen Allen, VA 23058

Building Location:

PARHAM ONE OFFICE BUILDING
827 E PARHAM RD
HENRICO, VA 23227

Phone: (804) 344-7164

Email: emma.ghazaoui@thalhimer.com

Elevator Location ID: ELVLOC-2001-00852

Code in Effect: 1993

Equipment Sequence: 1

Key Location: BALL REALTY, 2ND.FL.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: **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:

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

Building Location:

VIRGINIA EYE INSTITUTE
400 WESTHAMPTON STATION
HENRICO, VA 23226

Phone: (804) 287-4205

Email: martzs@vaeye.com

Elevator Location ID: ELVLOC-2001-00875

Code in Effect: 1984

Equipment Sequence: 1

Key Location: KEYBOX AT 1ST\FL.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: **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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
JLL EASTERN GAS TRANSMISSION AND
STORAGE
ATTN: DEREK KILDOO
10700 Energy Way
GLEN ALLEN, VA 23060

Building Location:
BHE EGT&S INNSBROOK NORTH
10750 ENERGY WAY
GLEN ALLEN, VA 23060

Phone: (804) 839-7635
Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00881
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1990
Key Location: RECEPTION 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:

JLL EASTERN GAS TRANSMISSION AND STORAGE
 ATTN: DEREK KILDOO
 10700 Energy Way
 GLEN ALLEN, VA 23060

Building Location:

BHE EGT&S INNSBROOK NORTH
 10750 ENERGY WAY
 GLEN ALLEN, VA 23060

Phone: (804) 839-7635
 Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00881
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1990
Key Location: RECEPTION 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:
 JLL EASTERN GAS TRANSMISSION AND STORAGE
 ATTN: DEREK KILD00
 10700 Energy Way
 GLEN ALLEN, VA 23060

Building Location:
 BHE EGT&S INNSBROOK NORTH
 10750 ENERGY WAY
 GLEN ALLEN, VA 23060

Phone: (804) 839-7635
 Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00881
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1990
Key Location: RECEPTION 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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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 TESTING AND INSPECTION SERV.
ATTN: JORDE' BLACKWELL
600 EMERSON RD SUITE 225
ST. LOUIS, MO 63141

Building Location:
BARNES & NOBLE INC. - #2029
11640 W BROAD ST
HENRICO, VA 23233

Phone: (314) 334-3102
Email: jblackwell@atis.com

Elevator Location ID: ELVLOC-2001-00886
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1993
Key Location: SEE MANAGER
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:
 AMERICAN TESTING AND INSPECTION SERV.
 ATTN: JORDE' BLACKWELL
 600 EMERSON RD SUITE 225
 ST. LOUIS, MO 63141

Building Location:
 BARNES & NOBLE INC. - #2029
 11640 W BROAD ST
 HENRICO, VA 23233

Phone: (314) 334-3102
 Email: jblackwell@atis.com

Elevator Location ID: ELVLOC-2001-00886
Equipment Sequence: 2
Elevator Type: Escalator
Inspections for January: **Periodic, Category 1**

Code in Effect: 1993
Key Location: SEE MANAGER
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:

AMERICAN TESTING AND INSPECTION SERV.
ATTN: JORDE' BLACKWELL
600 EMERSON RD SUITE 225
ST. LOUIS, MO 63141

Building Location:

BARNES & NOBLE INC. - #2029
11640 W BROAD ST
HENRICO, VA 23233

Phone: (314) 334-3102

Email: jblackwell@atis.com

Elevator Location ID: ELVLOC-2001-00886

Code in Effect: 1993

Equipment Sequence: 3

Key Location: SEE MANAGER

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for January: **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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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:
VIRGINIA HOUSING CENTER I
4240 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00889 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** 1/ST. FLOOR
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for January: **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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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: KAYLA BLAIR
4501 Highwoods Pkwy, Suite 400
GLEN ALLEN, VA 23060

Building Location:
HIGHWOODS PLAZA
4470 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 290-2174
Email: Kayla.Blair@highwoods.com

Elevator Location ID: ELVLOC-2001-00890
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

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

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:

HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4501 Highwoods Pkwy, Suite 400
GLEN ALLEN, VA 23060

Building Location:

HIGHWOODS PLAZA
4470 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 290-2174
Email: Kayla.Blair@highwoods.com

Elevator Location ID: ELVLOC-2001-00890
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **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

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:
BRANDYWINE REALTY TRUST
ATTN: BRANDON MALONE
300 ARBORETUM PL SUITE 300
RICHMOND, VA 23236

Building Location:
OVERLOOK I
4880 SADLER RD
GLEN ALLEN, VA 23060

Phone: (804) 521-1828
Email: brandon.malone@bdnreit.com

Elevator Location ID: ELVLOC-2001-00895

Code in Effect: 1996

Equipment Sequence: 1

Key Location: RECPT. DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: **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:
BRANDYWINE REALTY TRUST
ATTN: BRANDON MALONE
300 ARBORETUM PL SUITE 300
RICHMOND, VA 23236

Building Location:
OVERLOOK I
4880 SADLER RD
GLEN ALLEN, VA 23060

Phone: (804) 521-1828
Email: brandon.malone@bdnreit.com

Elevator Location ID:	ELVLOC-2001-00895	Code in Effect:	1996
Equipment Sequence:	2	Key Location:	RECPT. DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:
 HIGHWOODS PROPERTIES
 ATTN: KAYLA BLAIR
 4501 Highwoods Pkwy, Suite 400
 GLEN ALLEN, VA 23060

Building Location:
 COLONNADE BUILDING
 4050 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 290-2174
 Email: Kayla.Blair@highwoods.com

Elevator Location ID: ELVLOC-2001-00902
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 1984
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: _____

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
COLONNADE BUILDING
4050 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 290-2174
Email: Kayla.Blair@highwoods.com

Elevator Location ID: ELVLOC-2001-00902
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1984
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: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THALHIMERS
ATTN: EMMA GHAZAoui
PO BOX 5160
Glen Allen, VA 23058

Building Location:
COX COURT BUILDING
4461 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 344-7164
Email: emma.ghazaoui@thalhimer.com

Elevator Location ID: ELVLOC-2001-00903 **Code in Effect:** 1981/2013
Equipment Sequence: 1 **Key Location:** 3RD.FL.
Elevator Type: Hydraulic Elevator **Alarm Status:** Alarmed
Inspections for January: **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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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THALHIMERS
 ATTN: EMMA GHAZAoui
 PO BOX 5160
 Glen Allen, VA 23058

Building Location:

COX COURT BUILDING
 4461 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 344-7164
 Email: emma.ghazaoui@thalhimer.com

Elevator Location ID: ELVLOC-2001-00903 **Code in Effect:** 1981/2013
Equipment Sequence: 2 **Key Location:** 3RD.FL.
Elevator Type: Hydraulic Elevator **Alarm Status:** Alarmed
Inspections for January: **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:
 HIGHWOODS PROPERTIES
 ATTN: BRIAN EGAN
 4501 HIGHWOODS PKWY, STE 400
 GLEN ALLEN, VA 23060

Building Location:
 INNSBROOK CENTRE
 4551 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00904	Code in Effect:	1981
Equipment Sequence:	1	Key Location:	MACH.RM.DOOR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:
HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4501 HIGHWOODS PKWY, STE 400
GLEN ALLEN, VA 23060

Building Location:
INNSBROOK CENTRE
4551 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00904	Code in Effect:	1981
Equipment Sequence:	2	Key Location:	MACH.RM.DOOR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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: Benjamin Haltead
PO BOX 13470
RICHMOND, VA 23225

Building Location:
APEX SYSTEMS INC.
4400 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 320-5500
Email: benjamin.haltsead@colliers.com

Elevator Location ID:	ELVLOC-2001-00905	Code in Effect:	1990
Equipment Sequence:	1	Key Location:	1ST\FL OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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
4235 INNSLAKE DR
SUITE 200
GLEN ALLEN, VA 23060

Building Location:
INNSLAKE PLACE / KEITER STEPHENS
4401 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 796-0500
Email: mike.james@collier.com

Elevator Location ID: ELVLOC-2001-00907
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: Periodic

Code in Effect: 1984
Key Location: BOX AT ELEV.
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:
COLLIERS INTERNATIONAL
ATTN: Mike James
4235 INNSLAKE DR
SUITE 200
GLEN ALLEN, VA 23060

Building Location:
INNSLAKE PLACE / KEITER STEPHENS
4401 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 796-0500
Email: mike.james@collier.com

Elevator Location ID: ELVLOC-2001-00907
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1984
Key Location: BOX AT ELEV.
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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 JLL
 ATTN: DEREK KILDOO
 10700 Energy Way
 Glen Allen, VA 23060

Building Location:
 BHE EGT&S INNSBROOK NORTH
 10700 ENERGY WAY
 GLEN ALLEN, VA 23060

Phone: (804) 968-2480
 Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00918
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1990
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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 JLL
 ATTN: DEREK KILDOO
 10700 Energy Way
 Glen Allen, VA 23060

Building Location:
 BHE EGT&S INNSBROOK NORTH
 10700 ENERGY WAY
 GLEN ALLEN, VA 23060

Phone: (804) 968-2480
 Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00918
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1990
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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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 JLL
 ATTN: DEREK KILDOO
 10700 Energy Way
 Glen Allen, VA 23060

Building Location:
 BHE EGT&S INNSBROOK NORTH
 10700 ENERGY WAY
 GLEN ALLEN, VA 23060

Phone: (804) 968-2480
 Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00918
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1990
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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
JLL
ATTN: DEREK KILDOO
10700 Energy Way
Glen Allen, VA 23060

Building Location:
BHE EGT&S INNSBROOK NORTH
10700 ENERGY WAY
GLEN ALLEN, VA 23060

Phone: (804) 968-2480
Email: derek.kildoo@jll.com

Elevator Location ID: ELVLOC-2001-00918
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: ASME A17.1 – 2016
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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THE HERMITAGE AT CEDARFIELD
ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Building Location:

THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Phone: (804) 474-8781
Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
Key Location: ENVIRONMENTAL 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
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:
 THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
Key Location: ENVIRONMENTAL 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: _____

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:
 THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for January: Periodic

Code in Effect: 1993
Key Location: ENVIRONMENTAL 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: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:
 THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
Key Location: ENVIRONMENTAL 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
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THE HERMITAGE AT CEDARFIELD
ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Building Location:

THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Phone: (804) 474-8781

Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 5
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
Key Location: ENVIRONMENTAL 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
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:
 THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 6
Elevator Type: Hydraulic Elevator
Inspections for January: Periodic

Code in Effect: 1993
Key Location: ENVIRONMENTAL 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



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:

THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:

THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781

Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 7
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
Key Location: ENVIRONMENTAL 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:

THE HERMITAGE AT CEDARFIELD
ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Building Location:

THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Phone: (804) 474-8781
Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 8
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
Key Location: ENVIRONMENTAL 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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 Department of Building Construction and Inspections
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:
 THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 9
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 2013
Key Location: ENVIRONMENTAL 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

**County of Henrico, Virginia**

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

Phone: (804) 501-4360
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:

THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 10
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
Key Location: ENVIRONMENTAL 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:
THE HERMITAGE AT CEDARFIELD
ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Building Location:
THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Phone: (804) 474-8781
Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962 **Code in Effect:** 2013
Equipment Sequence: 12 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for January: **Periodic, Category 1, Category 5**

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:
THE HERMITAGE AT CEDARFIELD
ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Building Location:
THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Phone: (804) 474-8781
Email: jjohnson@pinnacleliving.org

Elevator Location ID:	ELVLOC-2001-00962	Code in Effect:	2013
Equipment Sequence:	13	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for January:	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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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:
 THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962 **Code in Effect:** 2013
Equipment Sequence: 14 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for January: **Category 1, Periodic, Category 5**

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:
THE HERMITAGE AT CEDARFIELD
ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Building Location:
THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Phone: (804) 474-8781
Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 15
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 2013
Key Location: ENVIRONMENTAL 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
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HIGHWOODS PROPERTIES
 ATTN: BRIAN EGAN
 4501 HIGHWOODS PKWY, STE 400
 GLEN ALLEN, VA 23060

Building Location:
 HIGHWOODS II
 4860 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00965	Code in Effect:	1990
Equipment Sequence:	1	Key Location:	KEYBOX AT DOOR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HIGHWOODS PROPERTIES
 ATTN: BRIAN EGAN
 4501 HIGHWOODS PKWY, STE 400
 GLEN ALLEN, VA 23060

Building Location:
 HIGHWOODS II
 4860 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00965	Code in Effect:	1990
Equipment Sequence:	2	Key Location:	KEYBOX AT DOOR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:
WESTDALE REAL ESTATE INV. / MGT. CO.
ATTN: DAVID MCCANN
140 EASTSHORE DR. SUITE 150
GLEN ALLEN, VA 23059

Building Location:
WESTSHORE III BLDG.
301 CONCOURSE BLVD
GLEN ALLEN, VA 23059

Phone: (804) 747-1551
Email: david.mccan@westdale.com

Elevator Location ID: ELVLOC-2001-00968
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 1993
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:

WESTDALE REAL ESTATE INV. / MGT. CO.
ATTN: DAVID MCCANN
140 EASTSHORE DR. SUITE 150
GLEN ALLEN, VA 23059

Building Location:

WESTSHORE III BLDG.
301 CONCOURSE BLVD
GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: david.mccan@westdale.com

Elevator Location ID: ELVLOC-2001-00968

Code in Effect: 1993

Equipment Sequence: 2

Key Location: KEY BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: 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:
 SHAMIN HOTELS
 ATTN: MIKE BRYANT
 300 E. FRANKLIN ST.
 RICHMOND, VA 23219

Building Location:
 COMFORT SUITES
 4051 INNSLAKE DR
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00979
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
Key Location: LOBBY 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:
 SHAMIN HOTELS
 ATTN: MIKE BRYANT
 300 E. FRANKLIN ST.
 RICHMOND, VA 23219

Building Location:
 COMFORT SUITES
 4051 INNSLAKE DR
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00979
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
Key Location: LOBBY 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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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:
LIBERTY PLAZA
4801 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00980	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	SECURITY / MAINTENCE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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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 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:
 LIBERTY PLAZA
 4801 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00980	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	SECURITY / MAINTENANCE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 BRANDYWINE REALTY TRUST
 ATTN: BRANDON MALONE
 300 ARBORETUM PL SUITE 300
 RICHMOND, VA 23236

Building Location:
 OVERLOOK II
 4870 SADLER RD
 GLEN ALLEN, VA 23060

Phone: (804) 521-1828
 Email: brandon.malone@bdnreit.com

Elevator Location ID:	ELVLOC-2001-00991	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	GUARD DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:

BRANDYWINE REALTY TRUST
ATTN: BRANDON MALONE
300 ARBORETUM PL SUITE 300
RICHMOND, VA 23236

Building Location:

OVERLOOK II
4870 SADLER RD
GLEN ALLEN, VA 23060

Phone: (804) 521-1828

Email: brandon.malone@bdnreit.com

Elevator Location ID: ELVLOC-2001-00991

Code in Effect: 1993

Equipment Sequence: 2

Key Location: GUARD DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: **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:
KANTILAL PATEL
ATTN: KANTILAL PATEL
8613 BROOK RD
GLEN ALLEN, VA 23060

Building Location:
DAYS INN
8613 BROOK RD
GLEN ALLEN, VA 23060

Phone: (804) 261-0188
Email: sundiptl@yahoo.com

Elevator Location ID: ELVLOC-2002-01020
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **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
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Elevator Periodic Inspection and Test Report Form

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

Building Location:
 VIRGINIA EYE INSTITUTE
 402 WESTHAMPTON STATION
 HENRICO, VA 23226

Phone: (804) 287-4205
 Email: martzs@vaeye.com

Elevator Location ID: ELVLOC-2002-01032
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, 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
 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

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

Building Location:
VIRGINIA EYE INSTITUTE
402 WESTHAMPTON STATION
HENRICO, VA 23226

Phone: (804) 287-4205
Email: martzs@vaeye.com

Elevator Location ID: ELVLOC-2002-01032
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

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

Building Location:
 ANTHEM
 2015 STAPLES MILL RD
 HENRICO, VA 23230

Phone: (804) 354-7889
 Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	1/ST FL. FACILITIES
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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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ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2015 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID: ELVLOC-2002-01048 **Code in Effect:** 1993
Equipment Sequence: 2 **Key Location:** 1/ST FL. FACILITIES
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for January: **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:

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

Building Location:

ANTHEM
2015 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID: ELVLOC-2002-01048 **Code in Effect:** 1993
Equipment Sequence: 3 **Key Location:** 1/ST FL. FACILITIES
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for January: **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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Owner / Agent:

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

Building Location:

ANTHEM
2015 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

Elevator Location ID: ELVLOC-2002-01048

Code in Effect: 1993

Equipment Sequence: 4

Key Location: 1/ST FL. FACILITIES

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

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

Building Location:
 ANTHEM
 2015 STAPLES MILL RD
 HENRICO, VA 23230

Phone: (804) 354-7889
 Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	Code in Effect:	1993
Equipment Sequence:	5	Key Location:	1/ST FL. FACILITIES
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:

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

Building Location:

ANTHEM
2015 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

Elevator Location ID: ELVLOC-2002-01048

Code in Effect: 1993

Equipment Sequence: 6

Key Location: 1/ST FL. FACILITIES

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for January: 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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 ATTN: RAY SAILSBURY
 2015 STAPLES MILL RD
 RICHMOND, VA 23230

Building Location:
 ANTHEM
 2015 STAPLES MILL RD
 HENRICO, VA 23230

Phone: (804) 354-7889
 Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	Code in Effect:	1993
Equipment Sequence:	7	Key Location:	1/ST FL. FACILITIES
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for January: 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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ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:

ANTHEM
2015 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID: ELVLOC-2002-01048

Code in Effect: 1993

Equipment Sequence: 8

Key Location: 1/ST FL. FACILITIES

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: 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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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 RICHMOND, VA 23230

Building Location:
 ANTHEM
 2015 STAPLES MILL RD
 HENRICO, VA 23230

Phone: (804) 354-7889
 Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	Code in Effect:	1993
Equipment Sequence:	9	Key Location:	1/ST FL. FACILITIES
Elevator Type:	Escalator	Alarm Status:	Not Alarmed
Inspections for January:	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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Owner / Agent:
ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2015 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	Code in Effect:	1993
Equipment Sequence:	10	Key Location:	1/ST FL. FACILITIES
Elevator Type:	Escalator	Alarm Status:	Not Alarmed
Inspections for January:	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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Owner / Agent:

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

Building Location:

ANTHEM
2015 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

Elevator Location ID: ELVLOC-2002-01048

Code in Effect: 1993

Equipment Sequence: 11

Key Location: 1/ST FL. FACILITIES

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for January: **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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 2015 STAPLES MILL RD
 RICHMOND, VA 23230

Building Location:
 ANTHEM
 2015 STAPLES MILL RD
 HENRICO, VA 23230

Phone: (804) 354-7889
 Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	Code in Effect:	1993
Equipment Sequence:	12	Key Location:	1/ST FL. FACILITIES
Elevator Type:	Escalator	Alarm Status:	Not Alarmed
Inspections for January:	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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 Please use a separate sheet for each elevator



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 2015 STAPLES MILL RD
 RICHMOND, VA 23230

Building Location:
 ANTHEM
 2015 STAPLES MILL RD
 HENRICO, VA 23230

Phone: (804) 354-7889
 Email: raymond.sailsbury@anthem.com

Elevator Location ID: ELVLOC-2002-01048 **Code in Effect:** 1993
Equipment Sequence: 13 **Key Location:** 1/ST FL. FACILITIES
Elevator Type: Escalator **Alarm Status:** Not Alarmed
Inspections for January: 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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 RICHMOND, VA 23230

Building Location:
 ANTHEM
 2015 STAPLES MILL RD
 HENRICO, VA 23230

Phone: (804) 354-7889
 Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	Code in Effect:	1993
Equipment Sequence:	14	Key Location:	1/ST FL. FACILITIES
Elevator Type:	Escalator	Alarm Status:	Not Alarmed
Inspections for January:	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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 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:

HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4501 HIGHWOODS PKWY, STE 400
GLEN ALLEN, VA 23060

Building Location:

HIGHWOODS III
4840 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2005-01162
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
Key Location: LOCKBOX
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:

HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4501 HIGHWOODS PKWY, STE 400
GLEN ALLEN, VA 23060

Building Location:

HIGHWOODS III
4840 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2005-01162
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: Periodic

Code in Effect: 1993
Key Location: LOCKBOX
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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Owner / Agent:
 HIGHWOODS PROPERTIES
 ATTN: BRIAN EGAN
 4501 HIGHWOODS PKWY, STE 400
 GLEN ALLEN, VA 23060

Building Location:
 HIGHWOODS III
 4840 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2005-01162
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 1993
Key Location: LOCKBOX
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:
 Innsbrook LLC
 ATTN: CATHERINE LINGERFELT
 4198 COX RD SUITE 200
 GLEN ALLEN, VA 23060

Building Location:
 WESTERRE III
 3900 WESTERRE PKWY
 HENRICO, VA 23233

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

Elevator Location ID:	ELVLOC-2005-01190	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	SUITE 200
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:
 Innsbrook LLC
 ATTN: CATHERINE LINGERFELT
 4198 COX RD SUITE 200
 GLEN ALLEN, VA 23060

Building Location:
 WESTERRE III
 3900 WESTERRE PKWY
 HENRICO, VA 23233

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

Elevator Location ID: ELVLOC-2005-01190
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 1993
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



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:

BNGP LLC.

ATTN: HARRY BAWA

441 RIVERGATE DR.

RICHMOND, VA 23238

Building Location:

BNGP OFFICE BUILDING

12090 W BROAD ST

HENRICO, VA 23233-1001

Phone: (804) 651-4038

Email: dhanguru99@hotmail.com

Elevator Location ID: ELVLOC-2006-01216

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: 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
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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:
TWIN HICKORY SENIOR APTS
ATTN: WILMA HARRIS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

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

Phone: (804) 747-7676
Email: twinhickory@capreit.com

Elevator Location ID: ELVLOC-2006-01226 **Code in Effect:** 2000
Equipment Sequence: 1 **Key Location:** OFFICE
Elevator Type: Hydraulic Elevator **Alarm Status:** Alarmed
Inspections for January: **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:
TWIN HICKORY SENIOR APTS
ATTN: WILMA HARRIS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

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

Phone: (804) 747-7676
Email: twinhickory@capreit.com

Elevator Location ID: ELVLOC-2006-01226

Code in Effect: 2000

Equipment Sequence: 2

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for January: 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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 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:
 CHURCHILL PROPERTY PORTFOLIO OWNER LLC
 ATTN: CAROL CANNATA
 300 E. MARKET ST. SUITE 400
 LOUISVILLE, KY 40202

Building Location:
 DOGWOOD TERRACE
 10300 THREE CHOPT RD
 HENRICO, VA 23233

Phone: (407) 986-5506
 Email: licensing@holidayseniorliving.com

Elevator Location ID: ELVLOC-2006-01232
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 1996
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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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VIRGINIA HOUSING DEV. AUTHORITY
 ATTN: TRENT DICKSON
 601 SOUTH BELVIDERE AVE
 RICHMOND, VA 23220

Building Location:
 VIRGINIA HOUSING CENTER
 4224 COX RD
 GLEN ALLEN, VA 23060

Phone: (804) 343-5559
 Email: trent.dickson@vhda.com

Elevator Location ID: ELVLOC-2007-01251 **Code in Effect:** 2000
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for January: **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
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

VIRGINIA HOUSING DEV. AUTHORITY
ATTN: TRENT DICKSON
601 SOUTH BELVIDERE AVE
RICHMOND, VA 23220

Building Location:

VIRGINIA HOUSING CENTER
4224 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 343-5559
Email: trent.dickson@vhda.com

Elevator Location ID: ELVLOC-2007-01251
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

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

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:
WEST BROAD VLG III LLC
ATTN: Katya Howren
3930 Wild Goose Ln.
Henrico, VA 23060

Building Location:
WEST BROAD VILLAGE A3
2420 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658
Email: khowren@capitalsquareliving.com

Elevator Location ID:	ELVLOC-2008-01333	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	LOBBY
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for January:	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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 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:
 WEST BROAD VLG III LLC
 ATTN: Katya Howren
 3930 Wild Goose Ln.
 Henrico, VA 23060

Building Location:
 WEST BROAD VILLAGE A-4 A-7
 2250 OLD BRICK RD
 GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658
 Email: khowren@capitalsquareliving.com

Elevator Location ID: ELVLOC-2008-01335
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 2000
Key Location: KEY BOX - A8
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: _____

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:
WEST BROAD VLG III LLC
ATTN: Katya Howren
3930 Wild Goose Ln.
Henrico, VA 23060

Building Location:
WEST BROAD VILLAGE A-4 A-7
2250 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658
Email: khowren@capitalsquareliving.com

Elevator Location ID: ELVLOC-2008-01335
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 2000
Key Location: KEY BOX - A8
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: _____

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:
WEST BROAD VLG III LLC
ATTN: Katya Howren
3930 Wild Goose Ln.
Henrico, VA 23060

Building Location:
WEST BROAD VILLAGE A-8
2250 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658
Email: khowren@capitalsquareliving.com

Elevator Location ID: ELVLOC-2008-01336
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 2000
Key Location: KEY BOX - A-8
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: _____

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:
 WEST BROAD VLG III LLC
 ATTN: Katya Howren
 3930 Wild Goose Ln.
 Henrico, VA 23060

Building Location:
 WEST BROAD VILLAGE A1-A2
 2450 OLD BRICK RD
 GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658
 Email: khowren@capitalsquareliving.com

Elevator Location ID: ELVLOC-2008-01339
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 2000
Key Location: KEY BOX A8
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: _____

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:
 ASSOCIA COMMUNITY GROUP
 ATTN: WEST BROAD VILLAGE MASTER ATTN:
 MANAGING AGENT COMMUNITY GROUP
 3901 WESTERRE PKWY STE 100
 HENRICO, VA 23233

Building Location:
 WEST BROAD VILLAGE P4
 3921 BROWNSTONE BLVD
 GLEN ALLEN, VA 23060-5817

Phone: (804) 270-1800
 Email: RHENAO@COMMUNITYGROUP.COM

Elevator Location ID:	ELVLOC-2008-01350	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	MAINT.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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:

ASSOCIA COMMUNITY GROUP
ATTN: WEST BROAD VILLAGE MASTER ATTN:
MANAGING AGENT COMMUNITY GROUP
3901 WESTERRE PKWY STE 100
HENRICO, VA 23233

Building Location:

WEST BROAD VILLAGE P4
3921 BROWNSTONE BLVD
GLEN ALLEN, VA 23060-5817

Phone: (804) 270-1800

Email: RHENAO@COMMUNITYGROUP.COM

Elevator Location ID: ELVLOC-2008-01350

Code in Effect: 2000

Equipment Sequence: 2

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: 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

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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:

ASSOCIA COMMUNITY GROUP
ATTN: WEST BROAD VILLAGE MASTER ATTN:
MANAGING AGENT COMMUNITY GROUP
3901 WESTERRE PKWY STE 100
HENRICO, VA 23233

Building Location:

WEST BROAD VILLAGE P1
2411 BACK ST
GLEN ALLEN, VA 23060-5817

Phone: (804) 270-1800

Email: RHENAO@COMMUNITYGROUP.COM

Elevator Location ID: ELVLOC-2008-01354

Code in Effect: 2000

Equipment Sequence: 1

Key Location: KEY BOX - #8

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for January: **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:
 ASSOCIA COMMUNITY GROUP
 ATTN: WEST BROAD VILLAGE MASTER ATTN:
 MANAGING AGENT COMMUNITY GROUP
 3901 WESTERRE PKWY STE 100
 HENRICO, VA 23233

Building Location:
 WEST BROAD VILLAGE P1
 2411 BACK ST
 GLEN ALLEN, VA 23060-5817

Phone: (804) 270-1800
 Email: RHENAO@COMMUNITYGROUP.COM

Elevator Location ID:	ELVLOC-2008-01354	Code in Effect:	2000
Equipment Sequence:	2	Key Location:	KEY BOX - #8
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for January:	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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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:

WEST BROAD VILLAGE
ATTN: WEST BROAD VILLAGE MASTER ATTN:
MANAGING AGENT COMMUNITY GROUP
3901 WESTERRE PKWY STE 100
HENRICO, VA 23233

Building Location:

WEST BROAD VILLAGE P2
2221 BACK ST
GLEN ALLEN, VA 23060-5817

Phone: (804) 270-1800
Email: RHENAO@COMMUNITYGROUP.COM

Elevator Location ID: ELVLOC-2008-01355

Code in Effect: 2000

Equipment Sequence: 1

Key Location: KEY BOX A-8

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for January: **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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WEST BROAD VILLAGE
 ATTN: WEST BROAD VILLAGE MASTER ATTN:
 MANAGING AGENT COMMUNITY GROUP
 3901 WESTERRE PKWY STE 100
 HENRICO, VA 23233

Building Location:
 WEST BROAD VILLAGE P2
 2221 BACK ST
 GLEN ALLEN, VA 23060-5817

Phone: (804) 270-1800
 Email: RHENAO@COMMUNITYGROUP.COM

Elevator Location ID: ELVLOC-2008-01355
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic, Category 1**

Code in Effect: 2000
Key Location: KEY BOX A-8
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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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WEST BROAD VLG III LLC
 ATTN: Katya Howren
 3930 Wild Goose Ln.
 Henrico, VA 23060

Building Location:
 WEST BROAD VILLAGE A12-A13
 2425 OLD BRICK RD
 GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658
 Email: khowren@capitalsquareliving.com

Elevator Location ID:	ELVLOC-2008-01357	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	KEY BOX A8
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for January:	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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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:
WEST BROAD VLG III LLC
ATTN: Katya Howren
3930 Wild Goose Ln.
Henrico, VA 23060

Building Location:
WEST BROAD VILLAGE A12-A13
2425 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658
Email: khowren@capitalsquareliving.com

Elevator Location ID: ELVLOC-2008-01357
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, Periodic**

Code in Effect: 2000
Key Location: KEY BOX A8
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: _____

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:
WEST BROAD VILLAGE
ATTN: WEST BROAD VILLAGE MASTER ATTN:
MANAGING AGENT COMMUNITY GROUP
3901 WESTERRE PKWY STE 100
HENRICO, VA 23233

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

Phone: (804) 270-1800
Email: RHENAO@COMMUNITYGROUP.COM

Elevator Location ID: ELVLOC-2008-01358
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: Periodic, Category 1

Code in Effect: 2000
Key Location: KEY BOX - A 6
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: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WEST END HOSPITALITY
ATTN: MAYUSH MEHTA
8010 WBROAD ST
HENRICO, VA 23294

Building Location:
COUNTRY INN & SUITES
8010 W WEST BROAD ST
HENRICO, VA 23294

Phone: (804) 755-6605
Email: countryfrontdesk@gmail.com

Elevator Location ID: ELVLOC-2008-01365
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Category 1, 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
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:
 SHAMIN HOTELS
 ATTN: OMAR ANSARI
 300 E. FRANKLIN ST.
 RICHMOND, VA 23219

Building Location:
 HILTON HOTEL
 12042 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 777-9000
 Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2009-01394 **Code in Effect:** 2005
Equipment Sequence: 1 **Key Location:** MAINT. OFFICE
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for January: **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:
 SHAMIN HOTELS
 ATTN: OMAR ANSARI
 300 E. FRANKLIN ST.
 RICHMOND, VA 23219

Building Location:
 HILTON HOTEL
 12042 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 777-9000
 Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2009-01394	Code in Effect:	2005
Equipment Sequence:	2	Key Location:	MAINT. OFFICE
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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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 Henrico, VA 23273-0775

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHAMIN HOTELS
 ATTN: OMAR ANSARI
 300 E. FRANKLIN ST.
 RICHMOND, VA 23219

Building Location:
 HILTON HOTEL
 12042 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 777-9000
 Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2009-01394	Code in Effect:	2005
Equipment Sequence:	3	Key Location:	MAINT. OFFICE
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for January:	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
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 SHAMIN HOTELS
 ATTN: OMAR ANSARI
 300 E. FRANKLIN ST.
 RICHMOND, VA 23219

Building Location:
 HILTON HOTEL
 12042 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 777-9000
 Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2009-01394
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for January: **Periodic**

Code in Effect: 2005
Key Location: MAINT. 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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P.O. Box 90775
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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WEST BROAD VILLAGE
ATTN: WEST BROAD VILLAGE MASTER ATTN:
MANAGING AGENT COMMUNITY GROUP
3901 WESTERRE PKWY STE 100
HENRICO, VA 23233

Building Location:

SOUTH UNIVERSITY @ WEST BR. VILLAGE
2151 OLD BRICK RD
GLEN ALLEN, VA 23060

Phone: (804) 270-1800

Email: RHENAO@COMMUNITYGROUP.COM

Elevator Location ID: ELVLOC-2009-01409

Code in Effect: 2004/2005

Equipment Sequence: 1

Key Location: KEY BOX A8

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for January: 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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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:
KROGER RAS - LICENSE DEPARTMENT
ATTN: BRIAN URBAHNS
PO BOX 305103
NASHVILLE, TN 37230-5103

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

Phone: (615) 232-7759
Email: business.license@kroger.com

Elevator Location ID: ELVLOC-2010-01450 **Code in Effect:** 2004
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for January: **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:
 KROGER RASC - LICENSE DEPT
 ATTN: BRIAN URBHANS
 PO BOX 305103
 NASHVILLE, TN 37230-5103

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

Phone: (615) 232-7759
 Email: business.license@kroger.com

Elevator Location ID: ELVLOC-2011-01503 **Code in Effect:** 2004
Equipment Sequence: 1 **Key Location:** STORE MANAGER
Elevator Type: Roped Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for January: **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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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 DIVISION - THE KROGER CO.
ATTN: BARNEY LAVERTY
140 EASTSHORE DR STE 300
GLEN ALLEN, VA, VA 23059

Building Location:
KROGER # R519
9000 STAPLES MILL RD
HENRICO, VA 23228

Phone: (540) 265-2545
Email: barney.laverty@kroger.com

Elevator Location ID: ELVLOC-2013-01660 **Code in Effect:** 2007
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for January: **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:
COLLAGE TREE OF LIFE SERVICES LLC
ATTN: Colin Fisher
13450 N Gayton Rd
Richmond, VA 23233

Building Location:
TREE OF LIFE
13458 N GAYTON RD
HENRICO, VA 23233-7013

Phone: (804) 664-0283
Email: colin.fisher@tree-of-life.com

Elevator Location ID:	ELVLOC-2014-01676	Code in Effect:	2007
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for January:	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:
 MONUMENT SQUARE CONDO ASSN
 ATTN: MARY SINGER
 275 FINIAL AVE.
 HENRICO, VA 23226

Building Location:
 MONUMENT SQUARE CONDO. BUILDING 10
 275 FINIAL AVE
 HENRICO, VA 23226

Phone: (804) 288-3905
 Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2014-01702 **Code in Effect:** 2007
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for January: **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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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 6627 BROAD LLC
 ATTN: LISA HARRIS
 6641 W BROAD ST SUITE 100
 RICHMOND, VA 23230

Building Location:
 REYNOLDS CROSSING MOB3
 6627 W BROAD ST
 HENRICO, VA 23230-1723

Phone: (804) 285-2011
 Email: lisa@reydev.com

Elevator Location ID: ELVLOC-2014-01711 **Code in Effect:** 2007
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for January: **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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MONUMENT SQUARE CONDO ASSOCIATION
ATTN: MARY SINGER
275 FINIAL AVE.
HENRICO, VA 23226

Building Location:
MONUMENT SQUARE CONDO. BLDG 9
275 FINIAL AVE
HENRICO, VA 23226

Phone: (804) 288-3905
Email: msinger@communitygroup.com

Elevator Location ID: ELVLOC-2015-01751 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for January: **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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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 LLC
ATTN: Rebecca Wilber
3501 Cox Rd.
Henrico, VA 23233

Building Location:
LIFE STORAGE
3501 COX RD
HENRICO, VA 23233

Phone: (804) 801-5784
Email: ls1085@lifestorage.com

Elevator Location ID: ELVLOC-2016-01775
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **Periodic**

Code in Effect: 2010
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

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:
GO STOREIT
ATTN: Rhonda Lewis
4909 W Marshall St
Richmond, VA 23230

Building Location:
GO STOREIT
1906 BISHOP RD
HENRICO, VA 23230

Phone: (804) 918-6385
Email: rss017@roverstorage.com

Elevator Location ID: ELVLOC-2018-01878
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **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: _____

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



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 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:
 GO STOREIT
 ATTN: Rhonda Lewis
 4909 W Marshall St
 Richmond, VA 23230

Building Location:
 GO STOREIT
 1906 BISHOP RD
 HENRICO, VA 23230

Phone: (804) 918-6385
 Email: rss017@roverstorage.com

Elevator Location ID: ELVLOC-2018-01878 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for January: **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:
 AMPLE STORAGE THREE CHOPT LLC
 ATTN: CEDRIC BOATWRIGHT
 10210 THREE CHOPT ROAD
 HENRICO, VA 23233

Building Location:
 AMPLE STORAGE
 10210 THREE CHOPT RD
 HENRICO, VA 23233

Phone: (804) 346-1021
 Email: threechopt@amplestoragecenter.co

Elevator Location ID: ELVLOC-2019-01989 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for January: **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:
 AMPLE STORAGE THREE CHOPT LLC
 ATTN: CEDRIC BOATWRIGHT
 10210 THREE CHOPT ROAD
 HENRICO, VA 23233

Building Location:
 AMPLE STORAGE
 10210 THREE CHOPT RD
 HENRICO, VA 23233

Phone: (804) 346-1021
 Email: threechopt@amplestoragecenter.co

Elevator Location ID:	ELVLOC-2019-01989	Code in Effect:	2013
Equipment Sequence:	2	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for January:	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
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PUBLIX SUPERMARKETS
ATTN: JUSTIN FISHER
P.O.BOX 32027
LAKELAND, FL 33802

Building Location:
PUBLIX SUPERMARKET #1593
7035 THREE CHOPT RD
HENRICO, VA 23226-3606

Phone: (804) 288-1070
Email: john.fisher2@publix.com

Elevator Location ID: ELVLOC-2019-02002 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for January: **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:
RESIDENCE INN
ATTN: Kevin Miller
5416 Glenside Dr
Henrico, VA 23228

Building Location:
RESIDENCE INN
5416 GLENSIDE DR
HENRICO, VA 23228

Phone: (804) 366-6805
Email: agm.rimidtown@kmhotels.com

Elevator Location ID: ELVLOC-2019-02003 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for January: **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:
 RESIDENCE INN
 ATTN: Kevin Miller
 5416 Glenside Dr
 Henrico, VA 23228

Building Location:
 RESIDENCE INN
 5416 GLENSIDE DR
 HENRICO, VA 23228

Phone: (804) 366-6805
 Email: agm.rimidtown@kmhotels.com

Elevator Location ID:	ELVLOC-2019-02003	Code in Effect:	2013
Equipment Sequence:	2	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for January:	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:
2001 MAYWILL LLC
ATTN: GREG Nachman
PO Box 13470
RICHMOND, VA 23225

Building Location:
KINSALE INSURANCE CO
2035 MAYWILL ST
HENRICO, VA 23230

Phone: (804) 221-5583
Email: GREG.NACHMAN@colliers.com

Elevator Location ID: ELVLOC-2020-02109 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:** SECURITY DESK
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for January: **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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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 2001 MAYWILL LLC
 ATTN: GREG Nachman
 PO Box 13470
 RICHMOND, VA 23225

Building Location:
 KINSALE INSURANCE CO
 2035 MAYWILL ST
 HENRICO, VA 23230

Phone: (804) 221-5583
 Email: GREG.NACHMAN@colliers.com

Elevator Location ID:	ELVLOC-2020-02109	Code in Effect:	2013
Equipment Sequence:	2	Key Location:	SECURITY DESK
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for January:	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:
 2001 MAYWILL LLC
 ATTN: GREG Nachman
 PO Box 13470
 RICHMOND, VA 23225

Building Location:
 KINSALE INSURANCE CO
 2035 MAYWILL ST
 HENRICO, VA 23230

Phone: (804) 221-5583
 Email: GREG.NACHMAN@colliers.com

Elevator Location ID: ELVLOC-2020-02109 **Code in Effect:** 2013
Equipment Sequence: 3 **Key Location:** SECURITY DESK
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for January: **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
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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 2001 MAYWILL LLC
 ATTN: GREG Nachman
 PO Box 13470
 RICHMOND, VA 23225

Building Location:
 KINSALE INSURANCE CO
 2035 MAYWILL ST
 HENRICO, VA 23230

Phone: (804) 221-5583
 Email: GREG.NACHMAN@colliers.com

Elevator Location ID:	ELVLOC-2020-02109	Code in Effect:	2013
Equipment Sequence:	4	Key Location:	SECURITY DESK
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for January:	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:
ST. JOSEPH'S VILLA
ATTN: Pat Epps
8000 Brook Rd.
Henrico, VA 23227

Building Location:
SARAH DOOLEY CENTER FOR AUTISM
8000 BROOK RD
HENRICO, VA 23227-1306

Phone: (804) 564-6108
Email: pepps@sjvmail.net

Elevator Location ID: ELVLOC-2020-02110 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for January: **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:

SIG 1610 LLC
ATTN: CLIFF HITE
5607 GLENRIDGE DR, STE 200
ATLANTA, GA 30342

Building Location:

SPACE SHOP SELF STORAGE
1610 GLENSIDE DR
HENRICO, VA 23226

Phone: (804) 553-0288

Email: 1610@spaceshopselfstorage.com

Elevator Location ID:	ELVLOC-2020-02134	Code in Effect:	2013
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for January:	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:
 SIG 1610 LLC
 ATTN: CLIFF HITE
 5607 GLENRIDGE DR, STE 200
 ATLANTA, GA 30342

Building Location:
 SPACE SHOP SELF STORAGE
 1610 GLENSIDE DR
 HENRICO, VA 23226

Phone: (804) 553-0288
 Email: 1610@spaceshopselfstorage.com

Elevator Location ID:	ELVLOC-2020-02134	Code in Effect: 2013
Equipment Sequence:	2	Key Location:
Elevator Type:	Hydraulic Elevator	Alarm Status:
Inspections for January:	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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
INNSLAKE PLACE / PEGASUS RESIDENTIAL
ATTN: DWAYNE RICHARDSON
4225 INNSLAKE DR.
GLEN ALLEN, VA 23060

Building Location:
INNSLAKE PLACE APTS BLD II + PARKING
4225 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 210-5953
Email: INNSLAKEPLACE-PM@PEGASUSRE

Elevator Location ID: ELVLOC-2021-000028 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for January: **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:
 INNSLAKE PLACE / PEGASUS RESIDENTIAL
 ATTN: DWAYNE RICHARDSON
 4225 INNSLAKE DR.
 GLEN ALLEN, VA 23060

Building Location:
 INNSLAKE PLACE APTS BLD II + PARKING
 4225 INNSLAKE DR
 GLEN ALLEN, VA 23060

Phone: (804) 210-5953
 Email: INNSLAKEPLACE-PM@PEGASUSRE

Elevator Location ID: ELVLOC-2021-000028 **Code in Effect:** 2013
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for January: **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:
 BRISTOL MAYWILL PARTNERS LLC
 ATTN: BRISTOL MAYWILL PARTNERS LLC
 2031 MAYWILL STREET
 RICHMOND, VA 23230

Building Location:
 TAPESTRY WEST APARTMENTS
 2031 MAYWILL ST
 HENRICO, VA 23230

Phone: (804) 206-9229
 Email: tapestrywestmgr@greystar.com

Elevator Location ID: ELVLOC-2022-000018 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for January: **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:
 BRISTOL MAYWILL PARTNERS LLC
 ATTN: BRISTOL MAYWILL PARTNERS LLC
 2031 MAYWILL STREET
 RICHMOND, VA 23230

Building Location:
 TAPESTRY WEST APARTMENTS
 2031 MAYWILL ST
 HENRICO, VA 23230

Phone: (804) 206-9229
 Email: tapestrywestmgr@greystar.com

Elevator Location ID:	ELVLOC-2022-000018	Code in Effect:	2013
Equipment Sequence:	2	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for January:	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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

Pioneer Baptist Church
ATTN: Pioneer Baptist Church Trustees
3140 Darbytown Rd
Henrico, VA 23231

Building Location:

Pioneer Baptist Church
3140 DARBYTOWN RD
HENRICO, VA 23231

Phone: (804) 795-1051

Email: office@pioneerbaptist.comcastbiz.n

Elevator Location ID: ELVLOC-2022-000053

Code in Effect: 2013

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for January: 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:
ROSENTHAL PROPERTIES, LLC
ATTN: Please Provide a Contact Name
1945 OLD GALLOWS RD STE 300
VIENNA, VA 22182

Building Location:
MARSHALLS
9041 STAPLES MILL RD
HENRICO, VA 23228

Phone:

Email:

Elevator Location ID: ELVLOC-2022-000055

Code in Effect: 2013

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for January: **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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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 Bickerstaff Crossing VA LLC
 ATTN: Please provide a Contact Name
 529 Taylor St
 Bristol, TN 37620

Building Location:
 Bickerstaff Crossing Apartments
 1401 BICKERSTAFF RD
 HENRICO, VA 23231

Phone:
 Email:

Elevator Location ID: ELVLOC-2022-000056
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for January: **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
