

Fax: (804) 501-4984

Building Location

HENRICO COURTHOUSE 4301 E PARHAM RD HENRICO VA 23228

Owner / Agent

Tho

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Equipment Informat	ĺO	1
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Key Location: SECURITY CONSOLE

Alarm Status: NONE

ELV2001-00101 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1978 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print): _	
Inspector Signature	

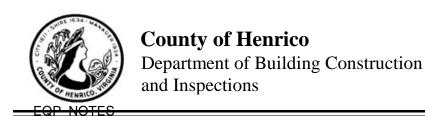
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed						
on	of this equipment has revealed the following conditions:						



Fax: (804) 501-4984

Building Location

HENRICO COURTHOUSE 4301 E PARHAM RD HENRICO VA 23228

Owner / Agent

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PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

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Key Location: SECURITY CONSOLE

Alarm Status: NONE

ELV2001-00101 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1978 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print): _	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed					
on	of this equipment has revealed the following conditions:					



County of Henrico Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

HENRICO ADMINISTRATION BLDG 4301 E PARHAM RD HENRICO VA 23228

Owner / Agent

The

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Equipment Informat	ĺO	1
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Key Location: SECURITY CONSOLE

Alarm Status: NONE

ELV2001-00102 Elevator ID #:

Equipment #:

Equipment Type: Elevator **Code In Effect:** 1965/2010

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

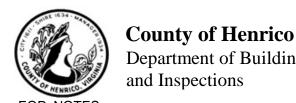
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1	of this equipment has revealed the following conditions:					



Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

HENRICO ADMINISTRATION BLDG 4301 E PARHAM RD HENRICO VA 23228

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HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Key Location: SECURITY CONSOLE

Alarm Status: NONE

ELV2001-00102 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1965 **Code In Effect:**

Inspection Agency:		

Inspector Signature:

Building Representative Contacted (Print):

nerformed

Inspector Name (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1	of this equipment has revealed the following conditions:					



County of Henrico Department of Building Construction and Inspections

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Fax: (804) 501-4984

Building Location

HENRICO ADMINISTRATION BLDG 4301 E PARHAM RD HENRICO VA 23228

Owner / Agent

The

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

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EMAIL: COR05@HENRICO.US

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'. U		pm						а		١,	

Key Location: SECURITY CONSOLE

Alarm Status: NONE

ELV2001-00102 Elevator ID #:

Equipment #:

Equipment Type: Elevator 1965/2010 **Code In Effect:**

Inspection Agency:

Inspector Name (Print):

Building Representative Contacted (Print):

nerformed

Inspector Signature: _____

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1	of this equipment has revealed the following conditions:



County of Henrico Department of Building Construction and Inspections

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Building Location

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HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

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Key Location: SECURITY CONSOLE

Alarm Status: NONE

ELV2001-00102 Elevator ID #:

Equipment #:

Equipment Type: Elevator **Code In Effect:** 1965/2010

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

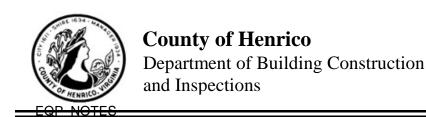
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ADULT DETENTION CENTER 4301 E PARHAM RD HENRICO VA 23228

Owner / Agent

ATTN: KLAUS ILLIG HENRICO COUNTY BLDGS & GROUNDS POBOX 90775 HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Equipment Informa	tio	on
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Key Location: SECURITRY

Alarm Status: NONE

ELV2001-00103 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1965 Code In Effect:

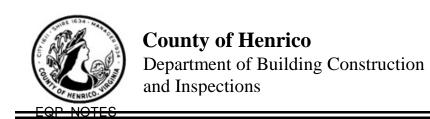
Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Ruilding Representative Contacted (Print)

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the

inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of \$2,500.

performed on of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ADULT DETENTION CENTER 4301 E PARHAM RD HENRICO VA 23228

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

POBOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

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Key Location: SECURITRY

Alarm Status: NONE

ELV2001-00103 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

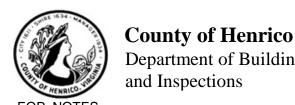
Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed
on	of this equipment has revealed the following conditions:



Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

ADMINISTRATION ANNEX BLDG. 4301 E PARHAM RD HENRICO VA 23228

Owner / Agent

Tho

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

POBOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Equipment Informat	ĺO	1
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Key Location: SECURITY CONSOLE

Alarm Status: NONE

ELV2001-00104 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

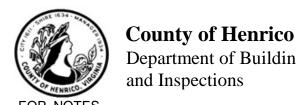
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed
on	of this equipment has revealed the following conditions:



Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

ADMINISTRATION ANNEX BLDG. 4301 E PARHAM RD HENRICO VA 23228

Owner / Agent

The

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

POBOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Equipment Informat	ĺO	1
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Key Location: SECURITY CONSOLE

Alarm Status: NONE

ELV2001-00104 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1965 **Code In Effect:**

Inspection Agency:	

Inspector Name (Print): _____

Inspector Signature:

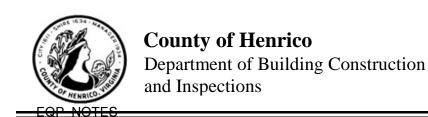
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

HENRICO COUNTY MH/MR CTR 10299 WOODMAN RD GLEN ALLEN VA 23060

Owner / Agent

ATTN: KLAUS ILLIG HENRICO COUNTY GENERAL SERV PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@CO.HENRICO.VA.US

Equipment Informat	ĺO	1
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Key Location: RECPT. DESK Alarm Status: **NOT ALARMED** ELV2001-00107 Elevator ID #:

1 Equipment #:

Elevator Equipment Type:

1981 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	
•	
Inspector Signature:	
• •	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

The	performed
on	of this equipment has revealed the following conditions:
-	



County of Henrico

Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

EASTERN GOVERNMENT CENTER 3820 NINE MILE RD HENRICO VA 23223

Owner / Agent

Tho

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

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Key Location: CALL RICHARD STRANG

Alarm Status: NONE

ELV2001-00109 Elevator ID #:

Equipment #:

Equipment Type: Elevator

Code In Effect: 1984

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

THC	performed
on	of this equipment has revealed the following conditions:



County of Henrico

Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

EASTERN GOVERNMENT CENTER 3820 NINE MILE RD HENRICO VA 23223

Owner / Agent

The

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Equipmer	nt Inforr	nation

Key Location: CALL RICHARD STRANG

Alarm Status: NONE

ELV2001-00109 Elevator ID #:

Equipment #:

Equipment Type: Elevator

Code In Effect: 1984

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

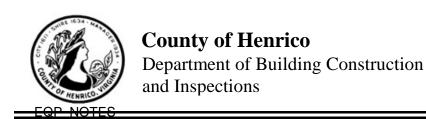
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

GENETWORX 4060 INNSLAKE DR GLEN ALLEN VA 23060

Owner / Agent

ATTN: CHARNETTA WILLIAMS

GENETWORX, LLC 4060 INNSLAKE DR GLEN ALLEN VA 23060

PHONE: (855) 436-8979

FAX: () -

EMAIL: CWILLIAMS@GENETWORX.COM

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Key Location: STAFF RM. BY ELEV.

Alarm Status: **NOT ALARMED**

ELV2001-00110 Elevator ID #:

1 Equipment #:

Equipment Type: Elevator

Code In Effect: 1981

Inspection Agency:	

Inspector Name (Print):

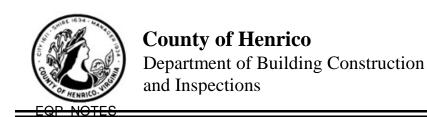
Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

performed
of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

HUMAN SERVICES BUILDING 8600 DIXON POWERS DR HENRICO VA 23228

Owner / Agent

Tho

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Equipment	t Info	ormat	ion

Key Location: KEYBOX

Alarm Status: **NOT ALARMED**

Elevator ID #:

ELV2001-00111

Equipment #:

Equipment Type: Elevator

1978/2010 **Code In Effect:**

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

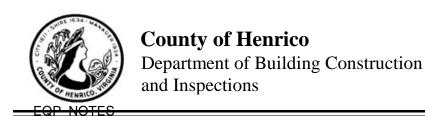
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

PUBLIC SAFETY BUILDING 7721 E PARHAM RD HENRICO VA 23228

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Equipment Informat	ĺO	1
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Key Location: SECURITY CONSOLE

Alarm Status: NONE

ELV2001-00115 Elevator ID #:

Equipment #:

Equipment Type: Elevator 1978/2010 **Code In Effect:**

Inspection Agency:	

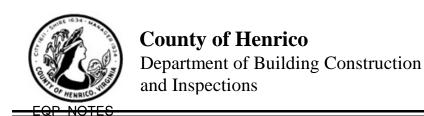
Inspector Name (Print): Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed
on	of this equipment has revealed the following conditions:
-	



Fax: (804) 501-4984

Building Location

PUBLIC SAFETY BUILDING 7721 E PARHAM RD HENRICO VA 23228

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

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Key Location: SECURITY CONSOLE

Alarm Status: NONE

ELV2001-00115 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1978 **Code In Effect:**

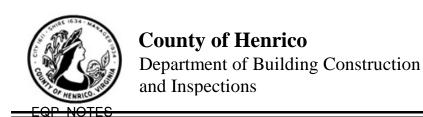
Inspection Agency:		
Inspector Name (Print):	_	
Inspector Signature:	_	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

DOREY PARK RECREATION CENTER 2999 DARBYTOWN RD HENRICO VA 23221

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

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'. U		pm						а		١,	

Key Location: LOBBY DESK Alarm Status: **NOT ALARMED**

ELV2001-00117 Elevator ID #:

1 Equipment #:

Equipment Type: Elevator

1990 **Code In Effect:**

Inspection Agency:					
Inspector Name (Print):					

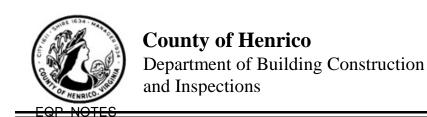
Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

performed				
of this equipment has revealed the following conditions:				



Fax: (804) 501-4984

Building Location

HENRICO TRAINING CENTER 7721 E PARHAM RD HENRICO VA 23228

Owner / Agent

The

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Equipment	t Info	ormat	ion

Key Location: SECURITY

Alarm Status: NONE

ELV2001-00118 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	
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Inspector Name (Print):

Inspector Signature:

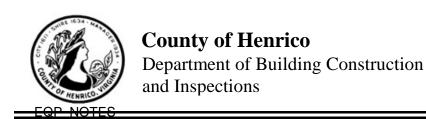
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

HENRICO TRAINING CENTER 7721 E PARHAM RD HENRICO VA 23228

Owner / Agent

Tho

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Equipment	t Info	ormat	ion

Key Location: SECURITY

Alarm Status: NONE

ELV2001-00118 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	
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Inspector Name (Print):

Inspector Signature:

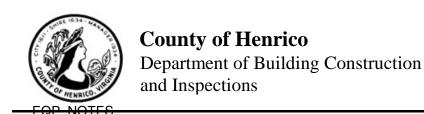
Building Representative Contacted (Print):

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Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

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on	of this equipment has revealed the following conditions:							



Fax: (804) 501-4984

Building Location

HENRICO COUNTY PARKING DECK 4301 E PARHAM RD HENRICO VA 23228

Owner / Agent

The

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

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Key Location: SECURITY

Alarm Status: NONE

ELV2001-00120 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspector Name (Print):

Inspector Signature:

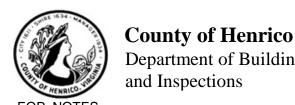
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1	of this equipment has revealed the following conditions:



Department of Building Construction

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

Fax: (804) 501-4984

Building Location

HENRICO COUNTY PARKING DECK 4301 E PARHAM RD HENRICO VA 23228

Owner / Agent

Tho

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Equipmer	nt Inforr	nation

Key Location: SECURITY

Alarm Status: NONE

ELV2001-00120 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

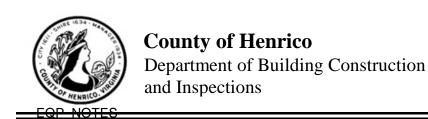
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

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on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

HENRICO CULTURAL ARTS CENTER 10771 OLD WASHINGTON HWY GLEN ALLEN VA 23060

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Equip	oment	Info	mation

Key Location: SECURITY

Alarm Status: NONE

ELV2001-00121 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

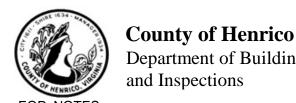
Inspection Agency:	
Inspector Name (Print): _	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed		
on	of this equipment has revealed the following conditions:		
-			



Department of Building Construction

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

Fax: (804) 501-4984

Building Location

GENWORTH FINANCIAL - BLDG. 3 6604 W. BROAD ST. RICHMOND VA 23230

Owner / Agent

The

ATTN: BOB ACCASHIAN LIFE OF VIRGINIA P.O. BOX 27601 RICHMOND VA 23261

PHONE: (804) 289-6831 FAX: (804) 281-6611

EMAIL: ROBERT.ACCASHIAN@GENWORTH.COM

\mathbf{E}	qui	pment	Inf	form	ation

Key Location: LOBBY Alarm Status: NONE

ELV2001-00222 Elevator ID #:

Equipment #:

Inspection Agency: _

Elevator Equipment Type:

Code In Effect:

Inspector Name (Print):	
• , , ,	

Inspector Signature:

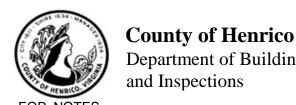
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Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

on	of this equipment has revealed the following conditions:		



Department of Building Construction

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

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D	uII	աու	LU	cauon

GENWORTH FINANCIAL - BLDG. 3 6604 W. BROAD ST. RICHMOND VA 23230

Owner / Agent

ATTN: BOB ACCASHIAN LIFE OF VIRGINIA P.O. BOX 27601 RICHMOND VA 23261

PHONE: (804) 289-6831 FAX: (804) 281-6611

EMAIL: ROBERT.ACCASHIAN@GENWORTH.COM

Equipment	<u>Informat</u>	<u>tion</u>

Key Location: LOBBY Alarm Status: NONE

ELV2001-00222 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1981 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

ı ne	performed				
on	of this equipment has revealed the following conditions:				

County of Henrico Department of Building Construction

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

Fax: (804) 501-4984

Building Location

WELLS FARGO 2701 EMERYWOOD PKWY HENRICO VA 23229

PREVIOUS CODE EDITION

Owner / Agent

ATTN: CHRIS BAKER FOREST CITY REALTY TRUST 1802 BAYBERRY CT, SUITE 203 RICHMOND VA 23226

PHONE: (804) 288-1555 FAX: (804) 771-1663

EMAIL: TERRYSCOTT@FORESTCITY.NET

Eq	ui	pment	Infor	mation
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Key Location: LOBBY LOCK BOX

Alarm Status: NONE

ELV2001-00223 Elevator ID #:

Equipment #:

Elevator - Hydraulic Equipment Type:

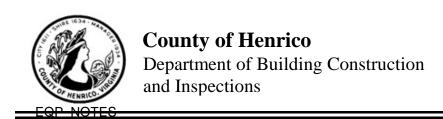
2010 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):
building Representative Contacted (Frint):

naufaumad

Category I, III and V Periodic Test Due: April April / October **Periodic Inspection Due:**

1 ne	performed				
on	of this equipment has revealed the following conditions:				



Fax: (804) 501-4984

Building Location

BRANDYWINE REALTY TRUST 2812 EMERYWOOD PKWY HENRICO VA 23229

Owner / Agent

Tho

ATTN: HEATHER HANLON BRANDYWINE REALTY TRUST 300 ARBORETUM PLACE, SUITE 330 RICHMOND VA 23236

PHONE: (804) 521-1838 FAX: (804) 521-1821

EMAIL: HEATHER.HANLON@BDNREIT.COM

Equipment Information

Key Location: BLDG. ENGINEER

Alarm Status: NONE

ELV2001-00225 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

1978 Code In Effect:

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

1 IIC	performed					
on	of this equipment has revealed the following conditions:					

Fax: (804) 501-4984

Building Location

MARRIOTT COURTYARD 6400 W BROAD ST RICHMOND VA 23230

Owner / Agent

Tho

ATTN: JERRY B. ATKINS MARRIOTT COURTYARD 6400 W BROAD ST RICHMOND VA 23230

PHONE: (804) 282-1881 FAX: (804) 288-2934

EMAIL: JERRY.ATKINS@MARRIOTT.COM

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H. W	1111	nm	ant		nt	^	rm	nn	tı.	^	-
'. U		pm						а		١,	

Key Location: FRT.DSK\CALL MAINT.

Alarm Status: NONE

ELV2001-00231 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1984 Code In Effect:

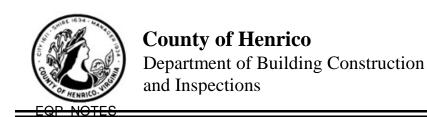
Inspection Agency:
Inspector Name (Print):
Inspector Signature:
•
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed					
on	of this equipment has revealed the following conditions:					



Fax: (804) 501-4984

Building Location

CHILD FUND INTERNATIONAL 2821 EMERYWOOD PKWY HENRICO VA 23229

Owner / Agent

The

ATTN: ADAM MELTON CHILD FUND INTERNATIONAL 2821 EMERYWOOD PKWY HENRICO VA 23229

PHONE: (804) 756-2700 FAX: (804) 756-2773

EMAIL: HAGEE@CHILDFUND.ORG

Eq	ui	pment	Infor	mation
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Key Location: FRONT DESK

Alarm Status: NONE

ELV2001-00232 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1984 **Code In Effect:**

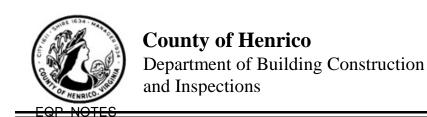
Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

n	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

CHILD FUND INTERNATIONAL 2821 EMERYWOOD PKWY HENRICO VA 23229

Owner / Agent

The

ATTN: ADAM MELTON CHILD FUND INTERNATIONAL 2821 EMERYWOOD PKWY HENRICO VA 23229

PHONE: (804) 756-2700 FAX: (804) 756-2773

EMAIL: HAGEE@CHILDFUND.ORG

|--|

Key Location: FRONT DESK

Alarm Status: NONE

ELV2001-00232 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

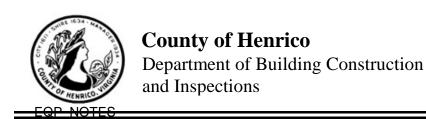
1984 Code In Effect:

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

n	of this equipment has revealed the following conditions:				



Fax: (804) 501-4984

Building Location

CHILD FUND INTERNATIONAL 2821 EMERYWOOD PKWY HENRICO VA 23229

Owner / Agent

ATTN: ADAM MELTON CHILD FUND INTERNATIONAL 2821 EMERYWOOD PKWY HENRICO VA 23229

PHONE: (804) 756-2700 FAX: (804) 756-2773

EMAIL: HAGEE@CHILDFUND.ORG

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'. U		pm						а		١,	

Key Location: FRONT DESK

Alarm Status: NONE

ELV2001-00232 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

1984 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

The	performed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

FRONT DESK

ELV2001-00234

NONE

Elevator 1993

Inspector Name (Print):

Inspector Signature: _____

naufaumad

Inspection Agency:

Building Locatior

BB&T 3214 SKIPWITH RD HENRICO VA 23229

Owner / Agent

ATTN: LORI HUDSON

LORI HUDSON - CBRE/BBT ACCOUNT

2321 ROCHESTER CT. MIDLOTHIAN VA 23113

PHONE: (804) 641-7202

FAX: () -EMAIL: LORI.HUDSON@CBRE.COM; GWSNONPOINVOICE

Building Representative Contacted (Print):

Equipment Information

Key Location:

Alarm Status:

Elevator ID #: Equipment #:

Equipment Type:

Code In Effect:

Category I, III and V Periodic Test Due: October

April / October Periodic Inspection Due:

1 He	periormed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location

THE JOYNER BUILDING 2727 ENTERPRISE PKWY HENRICO VA 23294

Equipment Information

Key Location: KEYBOX @ 1ST.FL.

Inspector Name (Print):

Inspector Signature: _____

Alarm Status: NONE

ELV2001-00235 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1978 **Code In Effect:**

Inspection Agency: ___

Owner / Agent

ATTN: CHERYL HAMM 2727 ENTERPRISE PARTNERS LLC 2727 ENTERPRISE PKWY, SUITE 200 HENRICO VA 23294

PHONE: (804) 967-2722

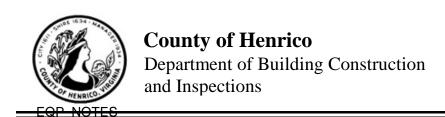
Building Representative Contacted (Print): FAX: (804) 967-2770

EMAIL: CHERYL.HAMM@JOYNERFINE PROPERTIES.COM

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

WESTWOOD CLUB 6200 WEST CLUB LA RICHMOND VA 23226

Owner / Agent

The

ATTN: BRADFORD JONES WESTWOOD CLUB 6200 WEST CLUB LA RICHMOND VA 23226

PHONE: (804) 502-3599 FAX: (804) 285-7518

EMAIL: ESHERWOOD@WESTWOODCLUB.NET

	Equipment Information
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Key Location: ENGINEERING

Alarm Status: NONE

ELV2001-00295 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	
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Inspector Name (Print):

Inspector Signature:

Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1	of this equipment has revealed the following conditions:	

Fax: (804) 501-4984

LIBBIE LAW BUILDING 2201 LIBBIE AV RICHMOND VA 23226

Equipment Information

Key Location: RECPT. DESK

Alarm Status: NONE

ELV2001-00299 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1987 **Code In Effect:**

Owner / Agent

ATTN: SUZZETTE HUTCHINS HUTCHENS & HUTCHENS P.C.

2201 LIBBIE AVE

RICHMOND VA 23226

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

PHONE: (804) 282-1212 FAX: (804) 288-6222

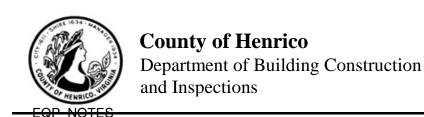
Building Representative Contacted (Print):

EMAIL: JWEAVER@HUTCHENSANDHUTCHENS.COM

Category I, III and V Periodic Test Due: October

April / October Periodic Inspection Due:

ı ne	performed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

VIRGINIA REP'S CHILDREN'S THEATRE 1601 WILLOW LAWN DR, SUITE 301-E RICHMOND VA 23220

Owner / Agent

ATTN: PHIL WHITEWAY VIRGINIA REPRETORY THEATRE 1601 WILLOW LAWN DR, SUITE 301-E RICHMOND VA 23220

PHONE: (804) 783-1688 Ext: 1253

FAX: (804) 775-2325

EMAIL: PWHITEWAY@VIRGINIAREP.ORG

Equipme	ent Inf	ormati	on

Key Location: OFFICE Alarm Status: **NONE**

ELV2001-00308 Elevator ID #:

Equipment #:

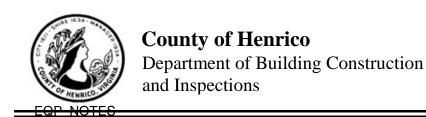
Elevator Equipment Type:

1971 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April April / October **Periodic Inspection Due:**

The	performed
on	of this equipment has revealed the following conditions:
-	



Fax: (804) 501-4984

Building Location

MEDICAL OFFICE BUILDING III 7702 E PARHAM RD HENRICO VA 23294

Owner / Agent

ATTN: MELISSA HETZEL

CBRE

7650 E. PARHAM RD. - SUITE 225

HENRICO VA 23294

PHONE: (804) 967-5447 FAX: (804) 967-5445

EMAIL: MELISSA.HETZEL@CBRE.COM

Equipment Information

Key Location: LOBBY DESK

Alarm Status: NONE

ELV2001-00384 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1984 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print): _	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1 ne	performed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location

MEDICAL OFFICE BUILDING III 7702 E PARHAM RD HENRICO VA 23294

Owner / Agent

ATTN: MELISSA HETZEL

CBRE

7650 E. PARHAM RD. - SUITE 225

HENRICO VA 23294

PHONE: (804) 967-5447 FAX: (804) 967-5445

EMAIL: MELISSA.HETZEL@CBRE.COM

Eq	ui	pment	Infor	mation
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Key Location: LOBBY DESK

Alarm Status: NONE

ELV2001-00384 Elevator ID #:

Equipment #:

Equipment Type: Elevator

Code In Effect: 1984

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October

April / October Periodic Inspection Due:

The	performed
on	of this equipment has revealed the following conditions:
-	

Fax: (804) 501-4984

Building Location

MEDICAL OFFICE BUILDING III 7702 E PARHAM RD HENRICO VA 23294

Owner / Agent

ATTN: MELISSA HETZEL

CBRE

7650 E. PARHAM RD. - SUITE 225

HENRICO VA 23294

PHONE: (804) 967-5447 FAX: (804) 967-5445

conviction, by a fine of \$2,500.

EMAIL: MELISSA.HETZEL@CBRE.COM

Equip	ment	Infor	matio	r

Key Location: LOBBY DESK

Alarm Status: NONE

ELV2001-00384 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1984 Code In Effect:

Inspection Agency:	

Inspector Name (Print):

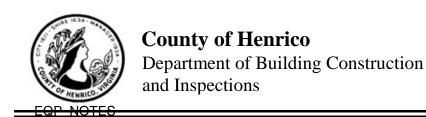
Inspector Signature: _____

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

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

performed on ______ of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

MEDICAL OFFICE BUILDING III 7702 E PARHAM RD HENRICO VA 23294

Owner / Agent

ATTN: MELISSA HETZEL

CBRE

7650 E. PARHAM RD. - SUITE 225

HENRICO VA 23294

PHONE: (804) 967-5447 FAX: (804) 967-5445

EMAIL: MELISSA.HETZEL@CBRE.COM

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Key Location: LOBBY DESK

Alarm Status: NONE

ELV2001-00384 Elevator ID #:

Equipment #:

Elevator Equipment Type:

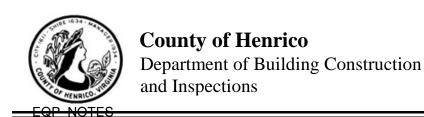
1984 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

The	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

HENRICO DOCTORS HOSP. PARHAM 7700 E. PARHAM RD. HENRICO VA 23294

Owner / Agent

Tho

ATTN: JEFF FERGUSON HCA/PARHAM DOCTORS HOSPITAL

7700 E. PARHAM RD. HENRICO VA 23294

PHONE: (804) 747-5640 FAX: (804) 527-5940

EMAIL: DWIGHT.MCKEE@HCAHEALTHCARE.COM

Equipment Information

Key Location: MAINT. SHOP

Alarm Status: NONE

ELV2001-00385 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1971 **Code In Effect:**

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

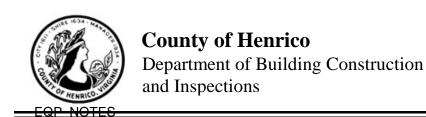
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

|--|

HENRICO DOCTORS HOSP. PARHAM 7700 E. PARHAM RD. HENRICO VA 23294

Equipment Information

Key Location: MAINT. SHOP

Alarm Status: NONE

ELV2001-00385 Elevator ID #:

Equipment #:

Equipment Type: Elevator

Code In Effect: 1971

Owner	/	Agent
-------	---	-------

Tho

ATTN: JEFF FERGUSON

HCA/PARHAM DOCTORS HOSPITAL

7700 E. PARHAM RD. HENRICO VA 23294

PHONE: (804) 747-5640 FAX: (804) 527-5940

EMAIL: DWIGHT.MCKEE@HCAHEALTHCARE.COM

Inspection Agency: **Inspector Name (Print):**

Inspector Signature: _____

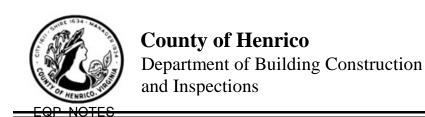
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

THC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

HENRICO DOCTORS HOSP. PARHAM 7700 E. PARHAM RD. HENRICO VA 23294

Owner / Agent

ATTN: JEFF FERGUSON HCA/PARHAM DOCTORS HOSPITAL

7700 E. PARHAM RD. HENRICO VA 23294

PHONE: (804) 747-5640 FAX: (804) 527-5940

EMAIL: DWIGHT.MCKEE@HCAHEALTHCARE.COM

Equipment Information

Key Location: MAINT. SHOP

Alarm Status: NONE

ELV2001-00385 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1971 **Code In Effect:**

Inspection Agency:	
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Inspector Name (Print):

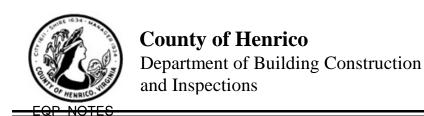
Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

HENRICO DOCTORS HOSP. PARHAM 7700 E. PARHAM RD. HENRICO VA 23294

Owner / Agent

Tho

ATTN: JEFF FERGUSON HCA/PARHAM DOCTORS HOSPITAL

7700 E. PARHAM RD. HENRICO VA 23294

PHONE: (804) 747-5640 FAX: (804) 527-5940

EMAIL: DWIGHT.MCKEE@HCAHEALTHCARE.COM

Equipment Information

Key Location: MAINT. SHOP

Alarm Status: NONE

ELV2001-00385 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1971 **Code In Effect:**

Inspection Agency:	
--------------------	--

Inspector Name (Print):

Inspector Signature:

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

THC	performed	
on	of this equipment has revealed the following conditions:	
		_
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County of Henrico Department of Building Construction

and Inspections

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

Fax: (804) 501-4984

Building Location

HENRICO DOCTORS HOSP. PARHAM 7700 E. PARHAM RD. HENRICO VA 23294

Emergency Room

Owner / Agent

Tho

ATTN: JEFF FERGUSON

HCA/PARHAM DOCTORS HOSPITAL

7700 E. PARHAM RD. HENRICO VA 23294

PHONE: (804) 747-5640 FAX: (804) 527-5940

EMAIL: DWIGHT.MCKEE@HCAHEALTHCARE.COM

Equipment Information

Key Location: MAINT. SHOP

Alarm Status: NONE

ELV2001-00385 Elevator ID #:

5 Equipment #:

Elevator - Hydraulic **Equipment Type:**

1996 Code In Effect:

Inspection Agency:	
Inspector Name (Print):	

Building Representative Contacted (Print):

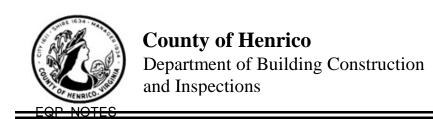
norformed

Inspector Signature:

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

MEDICAL OFFICE BUILDING 1 7660 E PARHAM RD HENRICO VA 23229

Owner / Agent

ATTN: MELISSA HETZEL

CBRE

Tho

7650 E PARHAM RD, SUITE 225

HENRICO VA 23294

PHONE: (804) 967-5447 FAX: (804) 967-5445

EMAIL: MELISSA.HETZEL@CBRE.COM

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'. U		pm						а		١,	

Key Location: MAINT SHOP

Alarm Status: NONE

ELV2001-00386 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1981 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print): _	
_	

Building Representative Contacted (Print):

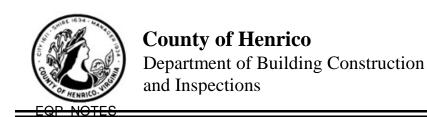
norformed

Inspector Signature:

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

MEDICAL OFFICE BUILDING 1 7660 E PARHAM RD HENRICO VA 23229

Owner / Agent

ATTN: MELISSA HETZEL

CBRE

7650 E PARHAM RD, SUITE 225

HENRICO VA 23294

Periodic Inspection Due:

PHONE: (804) 967-5447 FAX: (804) 967-5445

EMAIL: MELISSA.HETZEL@CBRE.COM

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H. W	1111	nm	ant		nt	^	rm	nn	tı.	^	-
'. U		pm						а		١,	

Key Location: MAINT SHOP

Alarm Status: NONE

ELV2001-00386 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1981 **Code In Effect:**

Inspection Agency:	

Inspector Signature:

Building Representative Contacted (Print):

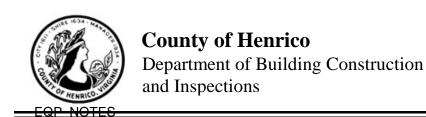
Inspector Name (Print):

Category I, III and V Periodic Test Due: April

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

April / October

The	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

HENRICO FCU 9401 W BROAD ST HENRICO VA 23229

Owner / Agent

Tho

ATTN: VIVIAN SEYMOUR HENRICO FCU 9401 W BROAD STREET RICHMOND VA 23294-5331

PHONE: (804) 266-0193 Ext: 1503

FAX: (804) 545-7833

EMAIL: SEYMOURV@HENRICOFCU.ORG

Ean	ipment	Infor	·matior
Lyu	pincin		manon

Key Location: FRT.DSK. P.COLEMAN

Alarm Status: NONE

ELV2001-00388 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1984 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print): _	
Inspector Signature:	

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

THC	performed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location

MEDICAL OFFICE BUILDING II 7650 E PARHAM RD HENRICO VA 23228

Owner / Agent

ATTN: MELISSA HETZEL

CBRE

Tho

7650 E. PARHAM RD. - SUITE 225

HENRICO VA 23294

PHONE: (804) 967-5447 FAX: (804) 967-5445

EMAIL: MELISSA.HETZEL@CBRE.COM

Equipment Information

Key Location: MAINT. SHOP

Alarm Status: NONE

ELV2001-00389 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1990 Code In Effect:

Inspection Agency:	
Inspector Name (Print): _	

Building Representative Contacted (Print):

nerformed

Inspector Signature:

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

THC	performed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location

MEDICAL OFFICE BUILDING II 7650 E PARHAM RD HENRICO VA 23228

Owner / Agent

ATTN: MELISSA HETZEL

CBRE

7650 E. PARHAM RD. - SUITE 225

HENRICO VA 23294

PHONE: (804) 967-5447 FAX: (804) 967-5445

EMAIL: MELISSA.HETZEL@CBRE.COM

Key Location: MAINT. SHOP

Alarm Status: NONE

ELV2001-00389 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1990 **Code In Effect:**

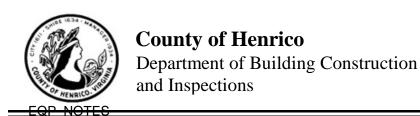
Inspection Agency:	
Inspector Name (Print): _	

Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

The	performed
on	of this equipment has revealed the following conditions:
-	



Fax: (804) 501-4984

Building Location

PARHAM PARK SENIORS APARTMENTS 7600 E PARHAM RD HENRICO VA 23228

Owner / Agent

The

ATTN: MATTHEW DEWORKEN PARHAM PARK SENIORS APARTMENTS 7600 E PARHAM RD HENRICO VA 23294

PHONE: (804) 672-7718 FAX: (804) 672-7657

EMAIL: PARHAMPARK@EPOCHINC.COM

|--|

Key Location:

Alarm Status: NONE

ELV2001-00391 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	

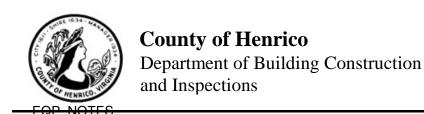
Inspector Signature:

Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

1	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

SECURITY DESK

ELV2001-00399

Building Location

ANTHEM HEALTH PLANS OF VIRGINIA 2221 EDWARD HOLLAND DR RICHMOND VA 23230

Refurbished 10/21/09

Owner / Agent

ATTN: GREG NACHMAN

CBRE

6641 W BROAD ST, SUITE 101

RICHMOND VA 23230

PHONE: (804) 320-7451 FAX: (804) 320-4839

EMAIL: GREG.NACHMAN@CBRE-RICHMOND.COM

Code In Effect: 2004

NONE

Elevator

Inspection Agency: ___ **Inspector Name (Print):**

Inspector Signature: _____

Building Representative Contacted (Print):

Equipment Information

Key Location:

Alarm Status:

Elevator ID #: Equipment #:

Equipment Type:

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed			
on	of this equipment has revealed the following conditions:			

Fax: (804) 501-4984

SECURITY DESK

ELV2001-00399

Building Location

ANTHEM HEALTH PLANS OF VIRGINIA 2221 EDWARD HOLLAND DR RICHMOND VA 23230

Refurbished 10/21/09

Owner / A	gent
-----------	------

ATTN: GREG NACHMAN

CBRE

Tho

6641 W BROAD ST, SUITE 101

RICHMOND VA 23230

PHONE: (804) 320-7451 FAX: (804) 320-4839

EMAIL: GREG.NACHMAN@CBRE-RICHMOND.COM

2004 **Code In Effect:**

Elevator

NONE

Inspection Agency: ___

Inspector Name (Print):

Inspector Signature: _____

Building Representative Contacted (Print):

norformed

Equipment Information

Key Location:

Alarm Status:

Elevator ID #: Equipment #:

Equipment Type:

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	periormeu				
on	of this equipment has revealed the following conditions:				

Fax: (804) 501-4984

SECURITY DESK

ELV2001-00399

NONE

Elevator

2004

Building Location

ANTHEM HEALTH PLANS OF VIRGINIA 2221 EDWARD HOLLAND DR RICHMOND VA 23230

Refurbished 10/21/09

Owner / Agent

ATTN: GREG NACHMAN

CBRE

Tho

6641 W BROAD ST, SUITE 101

RICHMOND VA 23230

PHONE: (804) 320-7451 FAX: (804) 320-4839

EMAIL: GREG.NACHMAN@CBRE-RICHMOND.COM

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

Building Representative Contacted (Print):

norformed

Equipment Information

Key Location:

Alarm Status:

Elevator ID #: Equipment #:

Equipment Type:

Code In Effect:

Category I, III and V Periodic Test Due: April

Periodic Inspection Due: April / October

THC	periormeu				
on	of this equipment has revealed the following conditions:				

Fax: (804) 501-436

Building Location

ANTHEM HEALTH PLANS OF VIRGINIA 2221 EDWARD HOLLAND DR RICHMOND VA 23230

Refurbished 10/21/09

Owner / Ager	ıt
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ATTN: GREG NACHMAN

CBRE

Tho

6641 W BROAD ST, SUITE 101

RICHMOND VA 23230

PHONE: (804) 320-7451 FAX: (804) 320-4839

EMAIL: GREG.NACHMAN@CBRE-RICHMOND.COM

Equipment Information

Key Location: SEC

Key Location: SECURITY DESK

Alarm Status: NONE

Elevator ID #: ELV2001-00399

Equipment #: 4

Equipment Type: Elevator

Code In Effect: 2004

Inspection Agency:

Inspector Name (Print):

Inspector Signature:

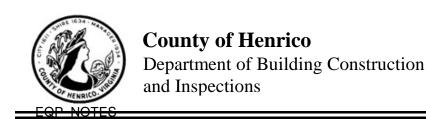
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

Periodic Inspection Due: April / October

1 IIC	periormeu				
on	of this equipment has revealed the following conditions:				



Fax: (804) 501-4984

Building Location

KINDRED HOSPITAL RICHMOND 2220 EDWARD HOLLAND DR RICHMOND VA 23230

Owner / Agent

Tho

ATTN: JOE THOMPSON VIBRA HOSPITAL 2220 EDWARD HOLLAND DR RICHMOND VA 23230

PHONE: (804) 678-7094 FAX: (804) 678-7057

EMAIL: JTHOMPSON@VHRICHMOND.COM

<u>Equi</u>	<u>pment</u>	Info	orma	<u>tion</u>

Key Location: MAINT. DEPT.

Alarm Status: NONE

ELV2001-00400 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1984 **Code In Effect:**

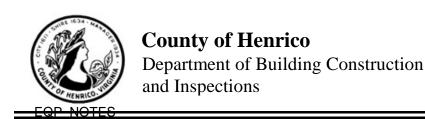
Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	
Building Representative Contacted (Print):	

norformed

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

1 IIC	periormeu				
on	of this equipment has revealed the following conditions:				



Fax: (804) 501-4984

Building Location

KINDRED HOSPITAL RICHMOND 2220 EDWARD HOLLAND DR RICHMOND VA 23230

Owner / Agent

ATTN: JOE THOMPSON VIBRA HOSPITAL 2220 EDWARD HOLLAND DR RICHMOND VA 23230

PHONE: (804) 678-7094 FAX: (804) 678-7057

EMAIL: JTHOMPSON@VHRICHMOND.COM

<u>Equi</u>	<u>pment</u>	Info	orma	<u>tion</u>

Key Location: MAINT. DEPT.

Alarm Status: NONE

ELV2001-00400 Elevator ID #:

Equipment #:

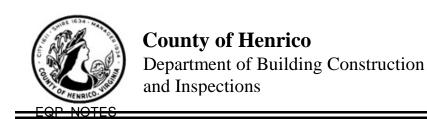
Elevator **Equipment Type:**

1984 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April April / October **Periodic Inspection Due:**

THE	performed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

KINDRED HOSPITAL RICHMOND 2220 EDWARD HOLLAND DR RICHMOND VA 23230

Owner / Agent

Tho

ATTN: JOE THOMPSON VIBRA HOSPITAL 2220 EDWARD HOLLAND DR RICHMOND VA 23230

PHONE: (804) 678-7094 FAX: (804) 678-7057

EMAIL: JTHOMPSON@VHRICHMOND.COM

Equipment Information	
	•

Key Location: MAINT. DEPT.

Alarm Status: NONE

ELV2001-00400 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

1984 Code In Effect:

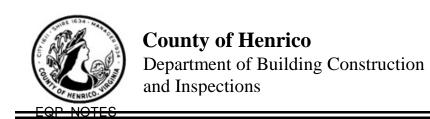
Inspection Agency:	_
Inspector Name (Print):	
Inspector Signature:	
Building Representative Contacted (Print):	

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

HOLIDAY INN EXPRESS MIDTOWN 2000 STAPLES MILL RD RICHMOND, VA 23230

Owner / Agent

Tho

ATTN: CAROL BARTLES HOLIDAY INN EXPRESS MIDTOWN 2000 STAPLES MILL RD RICHMOND, VA 23230

PHONE: (804) 359-6061 FAX: (804) 359-3177

EMAIL: CAROL.BARTELS@KMHOTELS.COM

Equipment Information

Key Location: LOBBY DESK

Alarm Status: NONE

ELV2001-00401 Elevator ID #:

Equipment #:

Elevator Equipment Type:

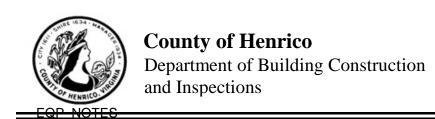
1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
•
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: October April / October **Periodic Inspection Due:**

1 IIC	performed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

HOLIDAY INN EXPRESS MIDTOWN 2000 STAPLES MILL RD RICHMOND, VA 23230

Owner / Agent

ATTN: CAROL BARTLES HOLIDAY INN EXPRESS MIDTOWN 2000 STAPLES MILL RD RICHMOND, VA 23230

PHONE: (804) 359-6061 FAX: (804) 359-3177

EMAIL: CAROL.BARTELS@KMHOTELS.COM

Equipment Information

Key Location: LOBBY DESK

Alarm Status: NONE

ELV2001-00401 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):
bunding Representative Contacted (Frint):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1 ne	periormed		
on	of this equipment has revealed the following conditions:		

Fax: (804) 501-4984

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K 111	aina	AAAATIAN
	MIII 2	Location

UKROPS 2001 MAYWILL ST RICHMOND VA 23230

Equipment Information

Key Location: SERVICE DESK

Alarm Status: NONE

ELV2001-00405 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 Code In Effect:

Owner / Agent

ATTN: SUSAN HEATH FAMILY HOLDINGS LC 2001 MAYWILL ST, SUITE 100

RICHMOND VA 23230

PHONE: (804) 340-4094 FAX: (804) 340-5194

EMAIL: SUSAN.HEATH@UKROPS.COM

Inspection Agency:	
Inspector Name (Print):	

Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

performed
of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location

UKROPS 2001 MAYWILL ST RICHMOND VA 23230

Owner / Agent

ATTN: SUSAN HEATH FAMILY HOLDINGS LC 2001 MAYWILL ST, SUITE 100 RICHMOND VA 23230

PHONE: (804) 340-4094 FAX: (804) 340-5194

EMAIL: SUSAN.HEATH@UKROPS.COM

Equipment Information	quipme	nt Inf	ormat	tion
------------------------------	--------	--------	-------	------

Key Location: SERVICE DESK

Alarm Status: NONE

ELV2001-00405 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	
_	

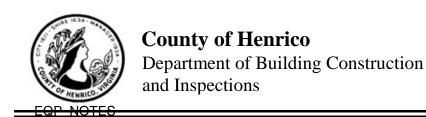
Inspector Name (Print):

Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

The	performed
on	of this equipment has revealed the following conditions:
-	



Fax: (804) 501-4984

Building Location

BEST WESTERN/EXECUTIVE HOTEL 7007 W BROAD ST HENRICO VA 23229

Owner / Agent

ATTN: BHAVINI MEHTA BEST WESTERN/EXECUTIVE HOTEL 7007 W BROAD ST HENRICO VA 23294

PHONE: (804) 672-7007 FAX: (804) 672-3251

EMAIL: 47116@HOTELBESTWESTERN.COM

Equipment Information	quipme	nt Inf	ormat	tion
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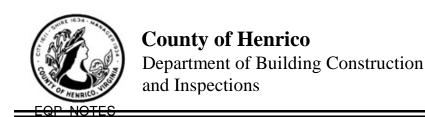
Key Location: FRONT DESK Alarm Status: **NOT ALARMED** ELV2001-00475 Elevator ID #:

1 Equipment #:

Equipment Type: Elevator **Code In Effect:** 1981/2010

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

The	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

BEST WESTERN/EXECUTIVE HOTEL 7007 W BROAD ST HENRICO VA 23229

Owner / Agent

ATTN: BHAVINI MEHTA BEST WESTERN/EXECUTIVE HOTEL 7007 W BROAD ST HENRICO VA 23294

PHONE: (804) 672-7007 FAX: (804) 672-3251

EMAIL: 47116@HOTELBESTWESTERN.COM

Equi	pment	Inf	orma	tion

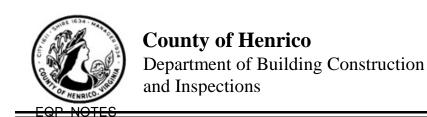
Key Location: FRONT DESK Alarm Status: **NOT ALARMED** ELV2001-00475 Elevator ID #:

2 Equipment #:

Equipment Type: Elevator 1981/2010 **Code In Effect:**

Category I, III and V Periodic Test Due: October April / October **Periodic Inspection Due:**

ı ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

EMBASSY SUITES 2925 EMERYWOOD PKWY HENRICO VA 23229

Owner / Agent

ATTN: SIMEON RAMSEY **EMBASSY SUITES** 2925 EMERYWOOD PKWY HENRICO VA 23229

PHONE: (703) 279-7820 FAX: (703) 279-8142

EMAIL: MCGEORGE@CHRCO.COM

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H. W	1111	nm	ant		nt	^	rm	nn	tı.	^	-
'. U		pm						а		١,	

Key Location: FRT.DSK.\ CALL MAINT

Alarm Status: NONE

ELV2001-00480 Elevator ID #:

Equipment #:

Elevator Equipment Type:

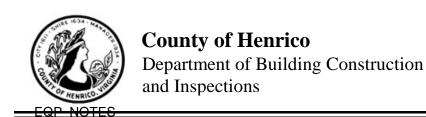
1981 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print): _	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

1 ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

EMBASSY SUITES 2925 EMERYWOOD PKWY HENRICO VA 23229

Owner / Agent

The

ATTN: SIMEON RAMSEY **EMBASSY SUITES** 2925 EMERYWOOD PKWY HENRICO VA 23229

PHONE: (703) 279-7820 FAX: (703) 279-8142

EMAIL: MCGEORGE@CHRCO.COM

Equipment Information	quipme	nt Inf	ormat	tion
------------------------------	--------	--------	-------	------

Key Location: FRT.DSK.\ CALL MAINT

Alarm Status: NONE

ELV2001-00480 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

1981 Code In Effect:

Inspection Agency:	
Inspector Name (Print): _	
Inspector Signature:	

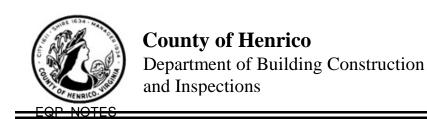
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due: All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements

1	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

EMBASSY SUITES 2925 EMERYWOOD PKWY HENRICO VA 23229

Owner / Agent

Tho

ATTN: SIMEON RAMSEY **EMBASSY SUITES** 2925 EMERYWOOD PKWY HENRICO VA 23229

PHONE: (703) 279-7820 FAX: (703) 279-8142

EMAIL: MCGEORGE@CHRCO.COM

Equipment Information

Key Location: FRT.DSK.\ CALL MAINT

Alarm Status: NONE

ELV2001-00480 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1981 Code In Effect:

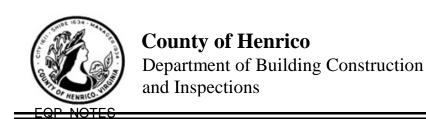
Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

- mc	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

EMBASSY SUITES 2925 EMERYWOOD PKWY HENRICO VA 23229

Owner / Agent

ATTN: SIMEON RAMSEY **EMBASSY SUITES** 2925 EMERYWOOD PKWY HENRICO VA 23229

PHONE: (703) 279-7820 FAX: (703) 279-8142

EMAIL: MCGEORGE@CHRCO.COM

Equipment Information

Key Location: FRT.DSK.\ CALL MAINT

Alarm Status: NONE

ELV2001-00480 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

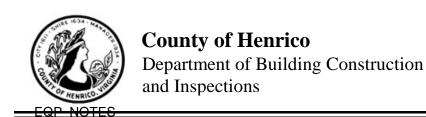
1981 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	
•	
Inspector Signature:	
1 6	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

The	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ST.MARY'S M.O.B. SOUTH 5875 BREMO RD RICHMOND VA 23226

Owner / Agent

The

ATTN: JEFF MERKLE

HEALTHCATE REALTY SERVICES INC.

5875 BREMO RD.

RICHMOND VA 23226

PHONE: (804) 282-5391 FAX: (804) 282-5397

EMAIL: JMERKLE@HEALTHCAREREALTY.COM

<u>Eq</u>	(ui)	pment	t J	lnt	or	<u>m</u>	<u>a1</u>	Ì	<u>on</u>

Key Location:

ENG. OFFICE

Alarm Status:

NONE

Elevator ID #:

ELV2001-00548

Equipment #:

Equipment Type: **Code In Effect:**

Elevator 1993

Inspection Agency:	

Inspector Name (Print):

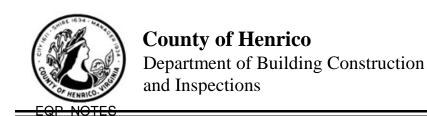
Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ST.MARY'S M.O.B. SOUTH 5875 BREMO RD RICHMOND VA 23226

Equipment Information

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00548 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

ATTN: JEFF MERKLE

HEALTHCATE REALTY SERVICES INC.

5875 BREMO RD.

RICHMOND VA 23226

PHONE: (804) 282-5391 FAX: (804) 282-5397

EMAIL: JMERKLE@HEALTHCAREREALTY.COM

Inspection Agency:	

Inspector Name (Print):

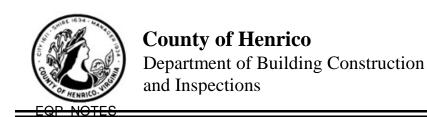
Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed	
on	of this equipment has revealed the following conditions:	
-		



Fax: (804) 501-4984

Building Location

ST.MARY'S M.O.B. SOUTH 5875 BREMO RD RICHMOND VA 23226

Equipment Information

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00548 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

The

ATTN: JEFF MERKLE

HEALTHCATE REALTY SERVICES INC.

5875 BREMO RD.

RICHMOND VA 23226

PHONE: (804) 282-5391 FAX: (804) 282-5397

EMAIL: JMERKLE@HEALTHCAREREALTY.COM

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

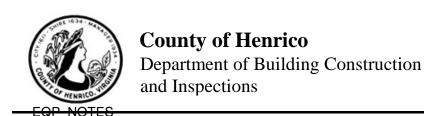
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ST.MARY'S M.O.B. SOUTH 5875 BREMO RD RICHMOND VA 23226

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00548 Elevator ID #:

Equipment #:

Equipment Information

Equipment Type: Elevator

1993 **Code In Effect:**

Owner	/ /	Age	ent
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Tho

ATTN: JEFF MERKLE

HEALTHCATE REALTY SERVICES INC.

5875 BREMO RD.

RICHMOND VA 23226

PHONE: (804) 282-5391 FAX: (804) 282-5397

EMAIL: JMERKLE@HEALTHCAREREALTY.COM

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

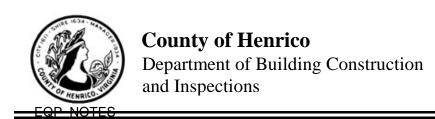
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

· · · · · · · · · · · · · · · · · · ·	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

ST MARY'S PARKING DECK 5901 BREMO RD RICHMOND VA 23226

Owner / Agent

Tho

ATTN: RALPH WHEELER ST MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equipment Information	n

Key Location: MAINT. Alarm Status: NONE

ELV2001-00549 Elevator ID #:

Equipment #:

Equipment Type: Elevator 1987 **Code In Effect:**

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

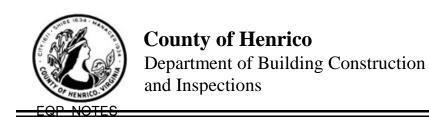
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April **April / October**

Periodic Inspection Due:

1 IIC	periormed				
on	of this equipment has revealed the following conditions:				



Fax: (804) 501-4984

Building Location

ST MARY'S PARKING DECK 5901 BREMO RD RICHMOND VA 23226

Owner / Agent

ATTN: RALPH WHEELER ST MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equipment	Information

Key Location: MAINT. Alarm Status: **NONE**

ELV2001-00549 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1987 **Code In Effect:**

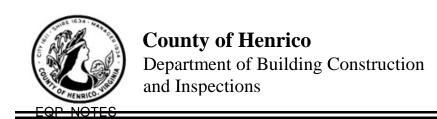
Inspection Agency:	
Inspector Name (Print):	
•	
Inspector Signature:	

Building Representative Contacted (Print):

naufaumad

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

on of this	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

ST MARY'S PARKING DECK 5901 BREMO RD RICHMOND VA 23226

Owner / Agent

The

ATTN: RALPH WHEELER ST MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equipment	Information

Key Location: MAINT. Alarm Status: NONE

ELV2001-00549 Elevator ID #:

3 Equipment #:

Elevator Equipment Type:

1993 **Code In Effect:**

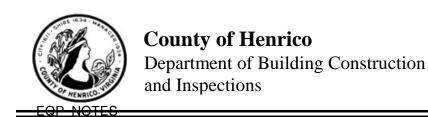
Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

1	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

ST MARY'S PARKING DECK 5901 BREMO RD RICHMOND VA 23226

Owner / Agent

Tho

ATTN: RALPH WHEELER ST MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equi	pment	Inf	forr	nati	ion

Key Location: MAINT. Alarm Status: NONE

ELV2001-00549 Elevator ID #:

Equipment #:

Equipment Type: Elevator 1993 **Code In Effect:**

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

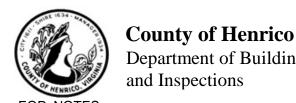
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

- mc	performed				
on	of this equipment has revealed the following conditions:				



Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL MOB NORTH 5855 BREMO RD RICHMOND VA 23226

Equipment Information

Key Location: ENGR. OFFICE

Alarm Status: NONE

ELV2001-00550 Elevator ID #:

Equipment #:

Elevator - Traction Equipment Type:

Code In Effect: 1965

Owner	/	Agent
-------	---	-------

The

ATTN: KAREN ANDERSON LILLIBRIDGE HEALTHCARE SERVICES INC. 8220 MEADOWBRIDGE RD STE 301 MECHANICSVILLE VA 23116

PHONE: (804) 281-5875 FAX: (804) 281-5814

EMAIL: KAREN.ANDERSON@LILLIBRIDGE.COM

Inspection Agency:	
Inspector Name (Print)	

Inspector Signature: _____

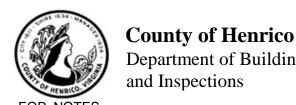
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1	of this equipment has revealed the following conditions:		



Department of Building Construction

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

Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL MOB NORTH 5855 BREMO RD RICHMOND VA 23226

Equipment Information

Key Location: ENGR. OFFICE

Alarm Status: NONE

ELV2001-00550 Elevator ID #:

Equipment #:

Elevator - Traction Equipment Type:

Code In Effect: 1965

Owner	/ A	\gent
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Tho

ATTN: KAREN ANDERSON LILLIBRIDGE HEALTHCARE SERVICES INC. 8220 MEADOWBRIDGE RD STE 301 MECHANICSVILLE VA 23116

PHONE: (804) 281-5875 FAX: (804) 281-5814

EMAIL: KAREN.ANDERSON@LILLIBRIDGE.COM

Inspection Agency:	

Inspector Signature:

Building Representative Contacted (Print):

norformed

Inspector Name (Print):

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

- mc	periormed		
on	of this equipment has revealed the following conditions:		



County of Henrico Department of Building Construction

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

Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL MOB NORTH 5855 BREMO RD RICHMOND VA 23226

Equipment Information

Key Location: ENGR. OFFICE

Alarm Status: NONE

ELV2001-00550 Elevator ID #:

Equipment #:

Elevator - Traction Equipment Type:

1965 **Code In Effect:**

Owner	/ Agent

Tho

ATTN: KAREN ANDERSON LILLIBRIDGE HEALTHCARE SERVICES INC. 8220 MEADOWBRIDGE RD STE 301 MECHANICSVILLE VA 23116

PHONE: (804) 281-5875 FAX: (804) 281-5814

EMAIL: KAREN.ANDERSON@LILLIBRIDGE.COM

Inspection Agency:	
Inspector Name (Print):	

Inspector Signature:

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

- mc	periormed		
on	of this equipment has revealed the following conditions:		



County of Henrico

Department of Building Construction and Inspections

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

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

Building Location

ST. MARY'S HOSPITAL MOB NORTH 5855 BREMO RD RICHMOND VA 23226

Equipment Information

Key Location: ENGR. OFFICE

Alarm Status: NONE

Elevator ID #: ELV2001-00550

Equipment #: 4

Equipment Type: Elevator - Traction

Code In Effect: 1965

Owner	/	Agent
-------	---	-------

The

ATTN: KAREN ANDERSON LILLIBRIDGE HEALTHCARE SERVICES INC. 8220 MEADOWBRIDGE RD STE 301 MECHANICSVILLE VA 23116

PHONE: (804) 281-5875 FAX: (804) 281-5814

EMAIL: KAREN.ANDERSON@LILLIBRIDGE.COM

Inspection Agency:	

Inspector Name (Print):

Inspector Signature: _____

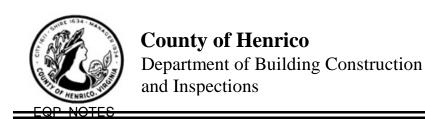
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

Periodic Inspection Due: April / October

on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Owner / Agent

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equi	pment	Infor	mation

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	

Inspector Name (Print):

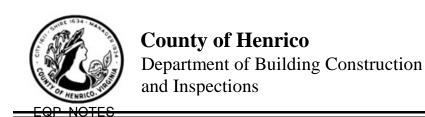
Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed
on	of this equipment has revealed the following conditions:
-	



Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Owner / Agent

Tho

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equipment Information	quipme	nt Inf	ormat	tion
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Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

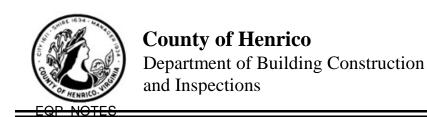
Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

1 IIC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Owner / Agent

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equipment Information	
	•

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

3 Equipment #:

Elevator **Equipment Type:**

1993 **Code In Effect:**

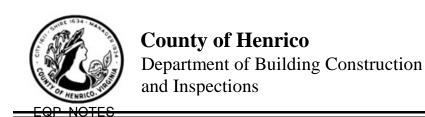
Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Equipment Information

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Owner / Agent

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Inspection Agency:	
• 0 •	

Inspector Name (Print):

Inspector Signature:

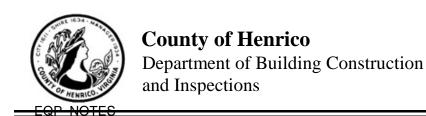
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

Periodic Inspection Due:

April / October

The	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Owner / Agent

Tho

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equi	pment	Infor	mation

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

5 Equipment #:

Elevator Equipment Type:

1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:

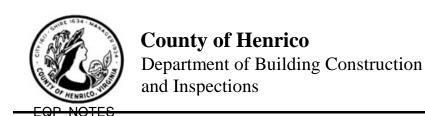
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Owner / Agent

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equip	pment	Infor	mation

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

6 Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	
--------------------	--

Inspector Name (Print):

Inspector Signature:

Building Representative Contacted (Print):

naufaumad

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 ne	performed		
on	of this equipment has revealed the following conditions:		



County of Henrico Department of Building Construction

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

P.O. Box 90775

Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Modernized under permit EL\

Owner / Agent

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equi	pment	Infor	mation

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

Code In Effect. 1003

Cout in Effect.
Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

The	performed		
on	of this equipment has revealed the following conditions:		



County of Henrico Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Modernized under permit EL\

Owner / Agent

Tho

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equi	pment	Infor	mation

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

Equipment #:

Equipment Type: Elevator

Code In Effect. 1003

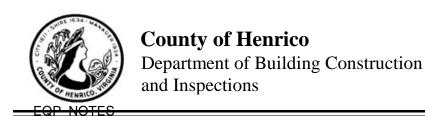
Cout in Effect.
Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

1 IIC	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Owner / Agent

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equipment Information	quipme	nt Inf	ormat	tion
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Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

11 Equipment #:

Dumbwaiter **Equipment Type:**

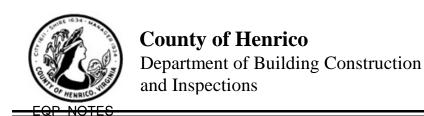
1987 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

The	performed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

R	mil	ding	La	cation	ı
•	u	ums	$\mathbf{L}\mathbf{U}$	cauon	1

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Equipment Information

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

12 Equipment #:

Equipment Type: Elevator

1987 **Code In Effect:**

Tho

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

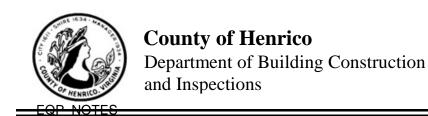
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Owner / Agent

Tho

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equipment Information	
	•

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

13 Equipment #:

Equipment Type: Elevator

Code In Effect: 1987

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

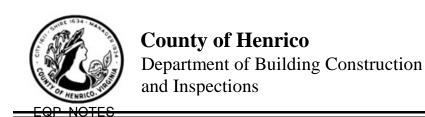
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Locatior

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Owner / Agent

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equi	pment	Infor	mation

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

14 Equipment #:

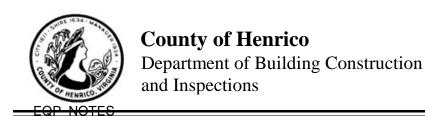
Dumbwaiter Equipment Type:

1965 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	
Building Representative Contacted (Print):	

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

ı ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location	В	uil	din	ıg l	Loca	ation
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ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Owner / Agent

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equipment Information	
	•

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

15 Equipment #:

Dumbwaiter Equipment Type:

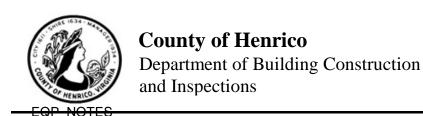
Code In Effect: 1965

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

The	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Equipment Information Key Location:

ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

16 Equipment #:

Elevator - Traction Equipment Type:

1993 Code In Effect:

Tho

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Inspection Agency:	
Inspector Name (Print): _	

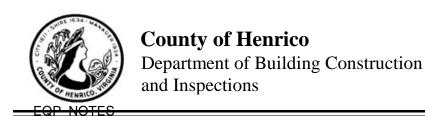
Inspector Signature: _____

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

- mc	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Owner / Agent

Tho

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equi	pment	Infor	mation

Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

17 Equipment #:

Elevator - Traction **Equipment Type:**

1993 Code In Effect:

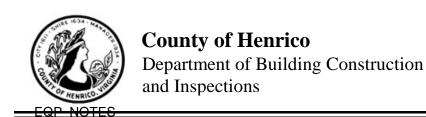
Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Inspector Signature.
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

1 IIC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

Owner / Agent

ATTN: RALPH WHEELER ST. MARY'S HOSPITAL 5801 BREMO RD RICHMOND VA 23226

PHONE: (804) 285-2011 FAX: (804) 673-9324

EMAIL: RALPH_WHEELER@BSHSI.ORG

Equipment Information	quipme	nt Inf	ormat	tion
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Key Location: ENG. OFFICE

Alarm Status: NONE

ELV2001-00551 Elevator ID #:

18 Equipment #:

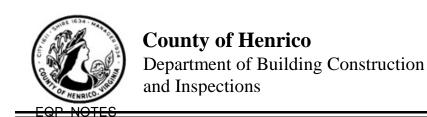
Elevator - Traction **Equipment Type:**

1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Ingractor Signatures
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April April / October **Periodic Inspection Due:**

performed
of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

COMBONI MISSION 1307 LAKESIDE AV HENRICO VA 23228

Owner / Agent

ATTN: SISTER MARIA JOSE' COMBONI MISSION 1307 LAKESIDE AV HENRICO VA 23228

PHONE: (804) 266-2975 FAX: (804) 264-2906

EMAIL: _____

The

Equipment Informatio	Equi	pment	Infor	matio
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Key Location: SISTERS Alarm Status: **NONE**

ELV2001-00603 Elevator ID #:

Equipment #:

Code In Effect:

Inspection Agency:

Equipment Type: Elevator 1993

speederingeneje		
Inspector Name (Pri	nt):	

Inspector Signature: _____

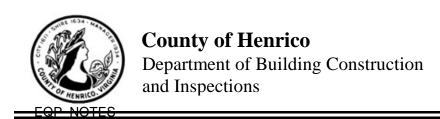
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

RICHMOND AIRPORT HOTEL 5300 AIRPORT SQUARE LN SANDSTON VA 23150

Owner / Agent

ATTN: MICHAEL BROWN **BEST WESTERN** 5300 AIRPORT SQUARE LN SANDSTON VA 23150

PHONE: (973) 525-3255 FAX: (804) 222-4915

EMAIL: BROWN.MICHAEL723@GMAIL.COM

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	'. U		pm						а		١,	

Key Location: LOBBY DESK.

Alarm Status: NONE

ELV2001-00615 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1978 **Code In Effect:**

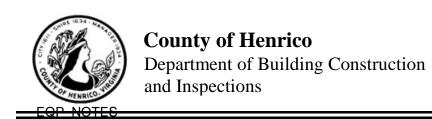
Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

naufaumad

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

performed
of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

RICHMOND AIRPORT HOTEL 5300 AIRPORT SQUARE LN SANDSTON VA 23150

Owner / Agent

Tho

ATTN: MICHAEL BROWN **BEST WESTERN** 5300 AIRPORT SQUARE LN SANDSTON VA 23150

PHONE: (973) 525-3255 FAX: (804) 222-4915

EMAIL: BROWN.MICHAEL723@GMAIL.COM

Equipment Informat	ĺO	1
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Key Location: LOBBY DESK.

Alarm Status: NONE

ELV2001-00615 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

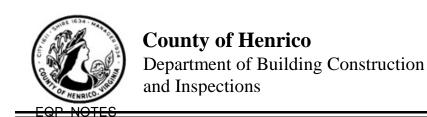
1978 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
•
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April April / October **Periodic Inspection Due:**

1 IIC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ARMSTRONG HIGH SCHOOL 2300 COOL LA RICHMOND VA 23223

Owner / Agent

ATTN: ANDREW DAVIS RPS PLANT SERVICES 1250 INGRAM AVE RICHMOND VA 23224

PHONE: (804) 780-6246

FAX: (804) 780-6120 EMAIL:

Eα	mi	nm	ent	Inf	for	ma	ti	on
<u> </u>	uı		CIIL	A111	U	1114	LL	

Key Location: SCHOOL OFFICE

Alarm Status: NONE

ELV2001-00624 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	
. 8 .	

Inspector Name (Print):

Inspector Signature: _____

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

performed
of this equipment has revealed the following conditions:



County of Henrico

Department of Building Construction and Inspections

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

Phone: (804) 501-436 Fax: (804) 501-4984

Building Location

ALFA-LAVAL, INC. 5400 INTERNATIONAL TRADE DR HENRICO VA 23231

Owner / Agent

ATTN: GARY DAVIS ALFA-LAVAL, INC. 5400 INTERNATIONAL TRADE DR HENRICO VA 23231

PHONE: (804) 236-1301 FAX: (804) 545-2088

EMAIL: GARY.DAVIS@ALFALAVAL.COM

Equipment Informat	ĺO	1
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Key Location: MAINT. SHOP

Alarm Status: NONE

Elevator ID #: ELV2001-00633

Equipment #: 1

Equipment Type: Elevator

Code In Effect: 1984

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

Building Representative Contacted (Print):

naufaumad

Category I, III and V Periodic Test Due: October
Periodic Inspection Due: April / October

1 ne	performed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location

MARRIOTT HOTEL 5400 WILLIAMSBURG RD SANDSTON VA 23150

Owner / Agent

The

ATTN: DUNCAN OBURU MARRIOTT COURTYARD 5400 WILLIAMSBURG RD. SANDSTON VA 23150

PHONE: (804) 652-0500 FAX: (804) 652-0527

EMAIL: RICHMONDCYGM@IH-CORP.COM

Equipment Information	
	•

Key Location: FRONT DESK

Alarm Status: NONE

ELV2001-00636 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	

Inspector Name (Print):

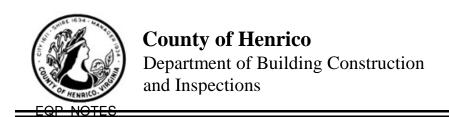
Inspector Signature:

Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

MARRIOTT HOTEL 5400 WILLIAMSBURG RD SANDSTON VA 23150

Owner / Agent

ATTN: DUNCAN OBURU MARRIOTT COURTYARD 5400 WILLIAMSBURG RD. SANDSTON VA 23150

PHONE: (804) 652-0500 FAX: (804) 652-0527

EMAIL: RICHMONDCYGM@IH-CORP.COM

Equipment Information	quipme	nt Inf	ormat	tion
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Key Location: FRONT DESK

Alarm Status: NONE

ELV2001-00636 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	
• 0 •	

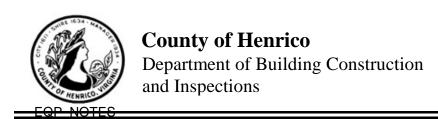
Inspector Name (Print):

Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

The	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ARRINGTON BUILDING 1802 BAYBERRY CT RICHMOND VA 23226

Owner / Agent

Tho

ATTN: TERRY SCOTT FOREST CITY REALTY TRUST 1802 BAYBERRY CT, SUITE 203 RICHMOND VA 23226

PHONE: (804) 288-1555 FAX: (804) 288-1055

EMAIL: TERRYSCOTT@FORESTCITY.NET

Equipment Information

Key Location: SEE MAINT.

Alarm Status: NONE

ELV2001-00718 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

1993 Code In Effect:

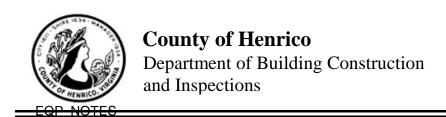
Inspection Agency:
Inspector Name (Print):
Inspector Signature:

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1 IIC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ARRINGTON BUILDING 1802 BAYBERRY CT RICHMOND VA 23226

Owner / Agent

Tho

ATTN: TERRY SCOTT FOREST CITY REALTY TRUST 1802 BAYBERRY CT, SUITE 203 RICHMOND VA 23226

PHONE: (804) 288-1555 FAX: (804) 288-1055

EMAIL: TERRYSCOTT@FORESTCITY.NET

Equipment Information	quipme	nt Inf	ormat	tion
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Key Location: SEE MAINT.

Alarm Status: NONE

ELV2001-00718 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

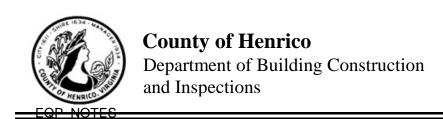
1993 Code In Effect:

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: October April / October **Periodic Inspection Due:**

1 IIC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ARRINGTON BUILDING 1802 BAYBERRY CT RICHMOND VA 23226

Owner / Agent

ATTN: TERRY SCOTT FOREST CITY REALTY TRUST 1802 BAYBERRY CT, SUITE 203 RICHMOND VA 23226

PHONE: (804) 288-1555 FAX: (804) 288-1055

EMAIL: TERRYSCOTT@FORESTCITY.NET

Equipment Information	quipme	nt Inf	ormat	tion
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Key Location: SEE MAINT.

Alarm Status: NONE

ELV2001-00718 Elevator ID #:

Equipment #:

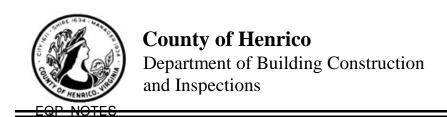
Elevator **Equipment Type:**

1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1 ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

CAPSTONE OFFICE BLDG 7100 FOREST AVE RICHMOND VA 23226

Owner / Agent

ATTN: TERRY SCOTT FOREST CITY REALTY TRUST 1802 BAYBERRY CT, SUITE 203 RICHMOND VA 23226

PHONE: (804) 288-1555 FAX: (804) 288-1055

EMAIL: TERRYSCOTT@FORESTCITY.NET

Equipment	t Info	ormat	ion

Key Location: SEE MAINT

Alarm Status: NONE

ELV2001-00724 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1993 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	
Devilation of Devices of Action Country Action (Device)	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

The	performed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location

CAPSTONE OFFICE BLDG 7100 FOREST AVE RICHMOND VA 23226

Owner / Agent

Tho

ATTN: TERRY SCOTT FOREST CITY REALTY TRUST 1802 BAYBERRY CT, SUITE 203 RICHMOND VA 23226

PHONE: (804) 288-1555 FAX: (804) 288-1055

EMAIL: TERRYSCOTT@FORESTCITY.NET

Equi	<u>pment</u>	<u>Info</u>	orma	<u>tion</u>

Key Location: SEE MAINT

Alarm Status: NONE

ELV2001-00724 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

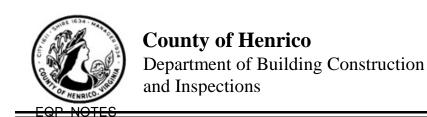
1993 Code In Effect:

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: October April / October **Periodic Inspection Due:**

1 IIC	performed				
on	of this equipment has revealed the following conditions:				



Fax: (804) 501-4984

Building Location

OFFICES AT PARHAM & PATTERSON 8545 PATTERSON AV HENRICO VA 23229

Owner / Agent

ATTN: JOHN LONG WILTON PROPERTIES, INC 4901 DICKENS RD STE 100 RICHMOND VA 23230

PHONE: (804) 237-1366 FAX: (804) 237-1266

EMAIL: JOHN@THEWILTONCO.COM

Equipment Informat	ĺO	1
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Key Location: 2ND.FL.W.S.LOGAN

Alarm Status: NONE

ELV2001-00807 Elevator ID #:

Equipment #:

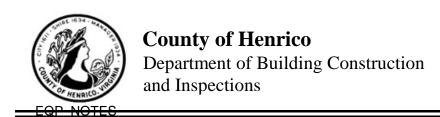
Equipment Type: Elevator

1971 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Puilding Penrecentative Contacted (Print)

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

REGENCY INN 1500 EASTRIDGE RD HENRICO VA 23229

Owner / Agent

ATTN: CHRYSTAL LEIGH

REGENCY INN

1500 EASTRIDGE RD HENRICO VA 23229

PHONE: (804) 285-9061 FAX: (804) 288-0104

EMAIL: REGENCYWEST@HOTMAIL.COM

Equipment Information	
	•

Key Location: ENGRS. OFFICE

Alarm Status: NONE

ELV2001-00815 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1965 **Code In Effect:**

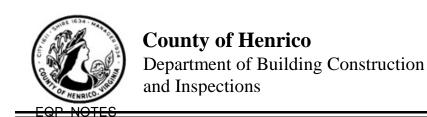
Inspection Agency:	
Inspector Name (Print): _	
•	

Building Representative Contacted (Print):

Inspector Signature:

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1 ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

RIVER ROAD S\C 6243 RIVER RD HENRICO VA 23233

Owner / Agent

ATTN: KATIE JONES **CBRE-RICHMOND** PO BOX 13470 RICHMOND VA 23225

PHONE: (804) 320-5500 FAX: (804) 320-4839

EMAIL: KATIE.JONES@CBRE.COM

Equipment Information	quipme	nt Inf	ormat	tion
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Key Location: BOX @ OUTSIDE

Alarm Status: NONE

ELV2001-00826 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspector Name (Print):

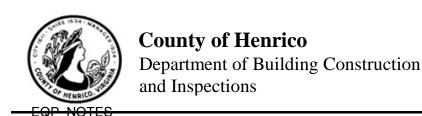
Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October

April / October Periodic Inspection Due:

The	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ONE COLONIAL PLACE 10571 TELEGRAPH RD GLEN ALLEN VA 23060

Owner / Agent

ATTN: MIKE JAMES **CBRE-RICHMOND** P. O. BOX 13470 **RICHMOND VA 23225**

PHONE: (804) 320-5500

FAX: ()-

EMAIL: MIKE. JAMES@CBRE-RICHMOND.COM

Equi	pment	Info	rmation

Key Location: BLDG.ENGR. AT SITE

Alarm Status: NONE

ELV2001-00837 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

inspection Agency:	
Inspector Name (Print	z):
•	,

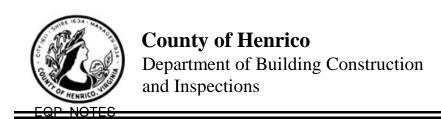
Inspector Signature:

Building Representative Contacted (Print):

naufaumad

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1 ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

COUNTY OF HENRICO 1400 BEST PLAZA RICHMOND VA 23227

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO CO. BLDGS. & GROUNDS

POBOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@CO.HENRICO.VA.US

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'. U		pm						а		١,	

Key Location:

SECURITY DESK

Alarm Status:

NONE

Elevator ID #:

Equipment Type:

ELV2001-00855

Equipment #:

Elevator

Code In Effect: 1988

Inspector Name (Print):

Inspector Signature: _____

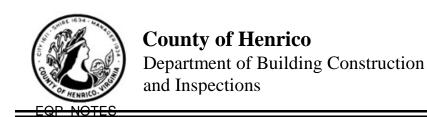
Building Representative Contacted (Print):

Inspection Agency:

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed			
on	of this equipment has revealed the following conditions:			
-				



Fax: (804) 501-4984

Building Location

COUNTY OF HENRICO 1400 BEST PLAZA RICHMOND VA 23227

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO CO. BLDGS. & GROUNDS

POBOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@CO.HENRICO.VA.US

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'. U		pm						а		١,	

Key Location:

SECURITY DESK

Alarm Status:

NONE

Elevator ID #:

ELV2001-00855

Equipment #:

Equipment Type:

Elevator

Code In Effect:

1988

Inspection Agency:	

Inspector Name (Print):

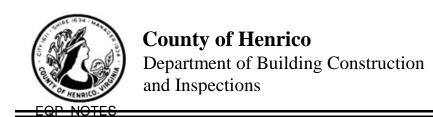
Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed			
on	of this equipment has revealed the following conditions:			
-				



Fax: (804) 501-4984

Building Location

COUNTY OF HENRICO 1400 BEST PLAZA RICHMOND VA 23227

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO CO. BLDGS. & GROUNDS

POBOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@CO.HENRICO.VA.US

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H. W	1111	nm	ant		nt	^	rm	nn	tı.	^	-
'. U		pm						а		١,	

Key Location:

SECURITY DESK

Alarm Status:

NONE

Elevator ID #:

ELV2001-00855

Equipment #:

Equipment Type:

Elevator

Code In Effect:

1988

Inspection Agency:	
Inspector Name (Print):	

Inspector Signature:

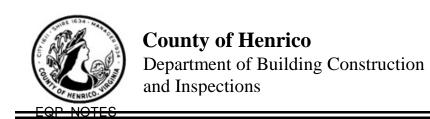
Building Representative Contacted (Print):

naufaumad

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 ne	performed					
on	of this equipment has revealed the following conditions:					



Fax: (804) 501-4984

Building Location

COUNTY OF HENRICO 1400 BEST PLAZA **RICHMOND VA 23227**

Owner / Agent

Tho

ATTN: KLAUS ILLIG

HENRICO CO. BLDGS. & GROUNDS

POBOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@CO.HENRICO.VA.US

Eq	ui	pment	Infor	mation
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Key Location:

SECURITY DESK

Alarm Status: NONE

Elevator ID #:

ELV2001-00855

Equipment #:

Equipment Type: Elevator

Code In Effect: 1988

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

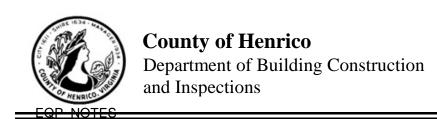
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

- mc	periormed					
on	of this equipment has revealed the following conditions:					



Fax: (804) 501-4984

Building Location

COUNTY OF HENRICO 1400 BEST PLAZA **RICHMOND VA 23227**

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO CO. BLDGS. & GROUNDS

POBOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@CO.HENRICO.VA.US

Equipment Information

Key Location:

SECURITY DESK

Alarm Status:

NONE

Elevator ID #:

ELV2001-00855

Equipment #:

5

Equipment Type:

Elevator

Code In Effect:

1988

Inspection Agency:		
• •		

Inspector Name (Print):

Inspector Signature:

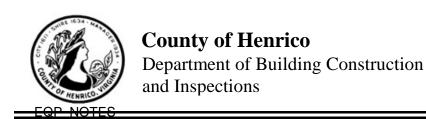
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

Periodic Inspection Due:

April / October

performed
of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

SPRINGHILL SUITES 9701 BROOK RD GLEN ALLEN VA 23059

Owner / Agent

ATTN: SARAH.BRYANT SPRINGHILL SUITES 9701 BROOK RD. GLEN ALLEN VA 23059

PHONE: (804) 266-9403 FAX: (804) 266-6703

EMAIL: SARAH.BRYANT@MARRIOTT.COM

Equipment Information	
	•

Key Location: FRONT DESK

Alarm Status: NONE

ELV2001-00856 Elevator ID #:

Equipment #:

Elevator Equipment Type:

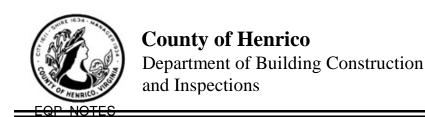
1993 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	
Puilding Depresentative Contacted (Print).	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

1 ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

SPRINGHILL SUITES 9701 BROOK RD GLEN ALLEN VA 23059

Owner / Agent

ATTN: SARAH.BRYANT SPRINGHILL SUITES 9701 BROOK RD. GLEN ALLEN VA 23059

PHONE: (804) 266-9403 FAX: (804) 266-6703

EMAIL: SARAH.BRYANT@MARRIOTT.COM

Equipment Information

Key Location: FRONT DESK

Alarm Status: NONE

ELV2001-00856 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

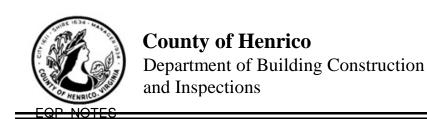
1993 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	
Building Representative Contacted (Print):	

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

ı ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

AMERISOURCE BERGEN 9900 JEB STUART PKWY GLEN ALLEN VA 23060

Owner / Agent

The

ATTN: MIKE HARPER AMERISOURCE BERGEN 9900 JEB STUART PARKWAY GLEN ALLEN VA 23060

PHONE: (804) 253-6638 FAX: (804) 553-0144

EMAIL: MHARPER@AMERISOURCEBERGEN.COM

Equipment Information	
	•

Key Location: OPER.MGR.DESK

Alarm Status: NONE

ELV2001-00858 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1990 Code In Effect:

Inspection Agency:	
--------------------	--

Inspector Name (Print):

Inspector Signature:

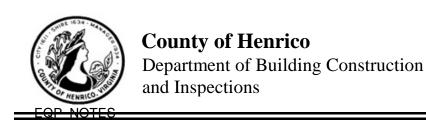
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

NORTHSHORE COMMONS BLDG. 1 4951 LAKE BROOK DR GLEN ALLEN VA 23060

Owner / Agent

ATTN: TERRY NERO A/P - 202579 HIGHWOODS PROPERTIES 4501 HIGHWOODS PKWY GLEN ALLEN VA 23060

PHONE: (804) 747-7800 FAX: (804) 965-0164

EMAIL: TERRY.NERO@HIGHWOODS.COM

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'. U		pm						а		١,	

Key Location: BOX ON M.R.DOOR

Alarm Status: NONE

ELV2001-00885 Elevator ID #:

Equipment #:

Elevator Equipment Type:

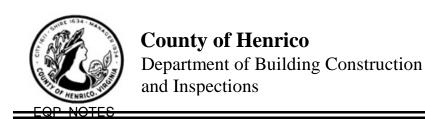
1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed							
on	of this equipment has revealed the following conditions:							



Fax: (804) 501-4984

Building Location

NORTHSHORE COMMONS BLDG. 1 4951 LAKE BROOK DR GLEN ALLEN VA 23060

Owner / Agent

ATTN: TERRY NERO A/P - 202579 HIGHWOODS PROPERTIES 4501 HIGHWOODS PKWY GLEN ALLEN VA 23060

PHONE: (804) 747-7800 FAX: (804) 965-0164

EMAIL: TERRY.NERO@HIGHWOODS.COM

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H. W	1111	nm	ant		nt	^	rm	nn	tı.	^	-
'. U		pm						а		١,	

Key Location: BOX ON M.R.DOOR

Alarm Status: NONE

ELV2001-00885 Elevator ID #:

Equipment #:

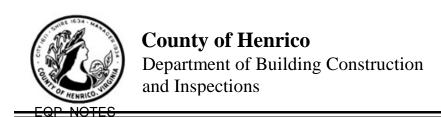
Elevator **Equipment Type:**

1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

1 ne	periormea							
on	of this equipment has revealed the following conditions:							



Fax: (804) 501-4984

Building Location

HILTON HOTEL 4050 COX RD GLEN ALLEN VA 23060

Owner / Agent

ATTN: CARTER MARCHANT

HILTON HOTEL 4050 COX RD

GLEN ALLEN VA 23060

PHONE: (804) 521-2900 FAX: (804) 521-2901

EMAIL: CARTER.MARCHANT@HILTON.COM

Equi	pment	Infor	rmation

Key Location: FRONT DESK

Alarm Status: NONE

ELV2001-00888 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	
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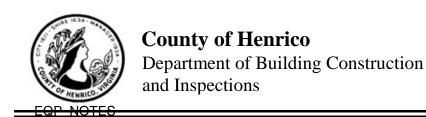
Inspector Name (Print):

Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

performed						
of this equipment has revealed the following conditions:						



Fax: (804) 501-4984

Building Location

HILTON HOTEL 4050 COX RD GLEN ALLEN VA 23060

Owner / Agent

ATTN: CARTER MARCHANT

HILTON HOTEL 4050 COX RD

GLEN ALLEN VA 23060

PHONE: (804) 521-2900 FAX: (804) 521-2901

EMAIL: CARTER.MARCHANT@HILTON.COM

Equipment Information	
	•

Key Location: FRONT DESK

Alarm Status: NONE

ELV2001-00888 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	
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Inspector Name (Print):

Inspector Signature:

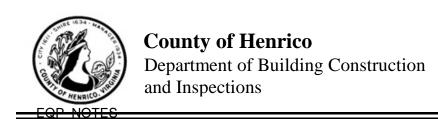
Building Representative Contacted (Print):

naufaumad

Category I, III and V Periodic Test Due: October

April / October Periodic Inspection Due:

1 ne	performed							
on	of this equipment has revealed the following conditions:							



Fax: (804) 501-4984

Building Location

WATERFRONT PLAZA 4401 WATERFRONT DR GLEN ALLEN VA 23060

Owner / Agent

ATTN: TERRY NERO A/P - 202579 HIGHWOOD PROPERTIES 4501 HIGHWOODS PKWY GLEN ALLEN VA 23060

PHONE: (804) 747-7800 FAX: (804) 965-0164

EMAIL: TERRY.NERO@HIGHWOODS.COM

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'. U		pm						а		١,	

Key Location: LOCK BOX

Alarm Status: NONE

ELV2001-00899 Elevator ID #:

Equipment #:

Elevator Equipment Type:

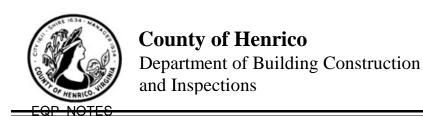
1984 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

ı ne	performed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

WESTERRE I OFFICE BUILDING 3951 WESTERRE PKWY GLEN ALLEN VA 23060

Owner / Agent

ATTN: EMILY BARONE

THALHIMER P.O. BOX 5160

GLEN ALLEN VA 23058

PHONE: (804) 697-3411 FAX: (804) 697-3565

EMAIL: EMILY.BARONE@THALHIMER

Equipment Informat	ĺO	1
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Key Location: 1ST/FL. FIRE BOX

Alarm Status: NONE

ELV2001-00924 Elevator ID #:

Equipment #:

Elevator Equipment Type:

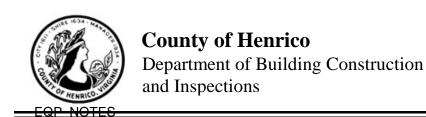
Code In Effect: 1987

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

THE	performed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

WESTERRE I OFFICE BUILDING 3951 WESTERRE PKWY GLEN ALLEN VA 23060

Owner / Agent

Tho

ATTN: EMILY BARONE

THALHIMER P.O. BOX 5160

GLEN ALLEN VA 23058

PHONE: (804) 697-3411 FAX: (804) 697-3565

EMAIL: EMILY.BARONE@THALHIMER

Equipme	<u>nt Infor</u>	<u>matior</u>

Key Location: 1ST/FL. FIRE BOX

Alarm Status: NONE

ELV2001-00924 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1987 **Code In Effect:**

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

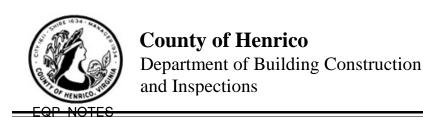
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

- mc	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

FORTY EIGHT HUNDRED BUILDING 4800 COX RD GLEN ALLEN VA 23060

Owner / Agent

ATTN: FELECIA WASHINGTON **CB RICHARD ELLIS** P.O. BOX 13470 RICHMOND VA 23225

PHONE: (804) 320-5500 FAX: (804) 320-3905

EMAIL: FELECIA.WASHINGTON@CBRE.COM

Equipment Information

Key Location: FIRE CAB. @ 1ST\FL

Alarm Status: NONE

ELV2001-00926 Elevator ID #:

Equipment #:

Elevator Equipment Type:

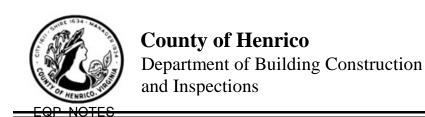
1987 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

The	performed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

FORTY EIGHT HUNDRED BUILDING 4800 COX RD GLEN ALLEN VA 23060

Owner / Agent

Tho

ATTN: FELECIA WASHINGTON **CB RICHARD ELLIS** P.O. BOX 13470 RICHMOND VA 23225

PHONE: (804) 320-5500 FAX: (804) 320-3905

EMAIL: FELECIA.WASHINGTON@CBRE.COM

Equi	pment	Infor	mation

Key Location: FIRE CAB. @ 1ST\FL

Alarm Status: NONE

ELV2001-00926 Elevator ID #:

Equipment #:

Equipment Type: Elevator

Code In Effect: 1987

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1 IIC	performed			
on	of this equipment has revealed the following conditions:			

Fax: (804) 501-4984

Building Location

4301 DOMINION BLVD LLC 4301 DOMINION BLVD GLEN ALLEN VA 23060

Equipment Information

Key Location: FRONT DESK

Alarm Status:

NONE

Elevator ID #:

ELV2001-00928

Equipment #:

Elevator

Equipment Type: **Code In Effect:**

1987

Owner / Agent

Tho

ATTN: ALEX CROUCH

COMMONWEALTH COMMERCIAL

PO BOX 71150

RICHMOND VA 23255

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

PHONE: (804) 346-4966 Ext: 333

FAX: (804) 346-5901

Building Representative Contacted (Print):

norformed

EMAIL: ACROUCH@COMMONWEALTHCOMMERCIAL.CO

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed			
on	of this equipment has revealed the following conditions:			

Fax: (804) 501-4984

Building Locatior

DEEP RUN I 9950 MAYLAND DR HENRICO VA 23233 **Equipment Information**

Alarm Status:

Code In Effect:

Key Location: ENGR. OFFICE

!!!!!ALARMED!!!!!!!

ELV2001-00933 Elevator ID #:

1 Equipment #:

Equipment Type: Elevator

1984/2010

Inspector Name (Print):

Inspector Signature: _____

norformed

Inspection Agency:

Owner / Agent

Tho

ATTN: RAFAEL INNIS DEEP RUN SPE, LLC 9550 MAYLAND DR. HENRICO VA 23233

PHONE: (804) 527-4013

Building Representative Contacted (Print): FAX: () -

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

	performed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Locatior

DEEP RUN I 9950 MAYLAND DR HENRICO VA 23233 **Equipment Information**

Key Location: ENGR. OFFICE

!!!!!ALARMED!!!!!!!

Elevator ID #:

Alarm Status:

ELV2001-00933

Inspector Name (Print):

Inspector Signature: _____

2 Equipment #:

Equipment Type: Elevator

1984/2010 **Code In Effect:**

Inspection Agency:

Owner / Agent

ATTN: RAFAEL INNIS DEEP RUN SPE, LLC 9550 MAYLAND DR. HENRICO VA 23233

PHONE: (804) 527-4013

Building Representative Contacted (Print): FAX: () -

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

ı ne	performed		
on	of this equipment has revealed the following conditions:		

Fax: (804) 501-4984

Building Location

DEEP RUN I 9950 MAYLAND DR HENRICO VA 23233 **Equipment Information**

Key Location: ENGR. OFFICE

Alarm Status: !!!!!ALARMED!!!!!!!

ELV2001-00933

Inspector Name (Print):

Inspector Signature: _____

3 Equipment #:

Elevator ID #:

Equipment Type: Elevator

1984/2010 **Code In Effect:**

Inspection Agency:

Owner / Agent

ATTN: RAFAEL INNIS DEEP RUN SPE, LLC 9550 MAYLAND DR. HENRICO VA 23233

PHONE: (804) 527-4013

Building Representative Contacted (Print): FAX: () -

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	e performed		
on	of this equipment has revealed the following conditions:		

Fax: (804) 501-4984

Building Representative Contacted (Print):

Building Location	Equipment Informa	<u>tion</u>
DEEP RUN I 9950 MAYLAND DR	Key Location: Alarm Status:	ENGR. OFFICE !!!!!ALARMED!!!!!!!
HENRICO VA 23233	Elevator ID #:	ELV2001-00933
	Equipment #:	4
	Equipment Type:	Elevator
Owner / Agent	Code In Effect:	1984/2010
ATTN: RAFAEL INNIS	Inspection Agency:	
DEEP RUN SPE, LLC 9550 MAYLAND DR.	Inspector Name (Pri	int):
HENRICO VA 23233	Inspector Signature	:

Category I, III and V Periodic Test Due: April

PHONE: (804) 527-4013

FAX: ()-

April / October Periodic Inspection Due:

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

The	performed		
on	of this equipment has revealed the following conditions:		

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

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

Building Location	Equipment Informa	<u>ation</u>
DEEP RUN I	Key Location:	ENGR. OFFICE
9950 MAYLAND DR	Alarm Status:	!!!!!ALARMED!!!!!!!
HENRICO VA 23233	Elevator ID #:	ELV2001-00933
	Equipment #:	5
	Equipment Type:	Elevator
Owner / Agent	Code In Effect:	1984/2010
ATTN: RAFAEL INNIS	Inspection Agency:	
DEEP RUN SPE, LLC	I	• •
9550 MAYLAND DR. HENRICO VA 23233	Inspector Name (Pr	rint):
HENRICO VA 23233	Inspector Signature	e:
PHONE: (804) 527-4013 FAX: () - EMAIL: RAFAEL@CORPORATEFACILITIESGROU		ative Contacted (Print):
Category I, III and V Periodic Test Due: Apri Periodic Inspection Due: Apri	il il / October	
All Acceptance, Alteration and Periodic Inspections / of the VA USBC/VCC and VA USBC/VMC, and the Areferenced in the VA USBC. Approved Acceptance / Henrico County before the equipment is put into serving approved Periodic Inspection / Test reports shall be reinspection month. If the Inspection / Test reveal any and approved by the Inspector before the equipment is be installed at the time of inspection. Operating equipment	A17.1 code in affect at the Alteration inspection and ice and/or a Certificate of eceived by Henrico Counced violations, they shas returned to service. Alternative without proper ce	the time of installation / alteration as d test reports shall be received by of Occupancy will be issued. All nety on or before the last day of the all be corrected, re-tested, re-inspected l data plates, test tags, seals, etc. shall retification is a violation of the VA
	code violation of the vi-	
USBC/VCC and VA USBC/VMC. Failure to abate a conviction, by a fine of \$2,500. The		erformed

Fax: (804) 501-4984

ENGR. OFFICE

ELV2001-00933

6

Inspection Agency:

Elevator

1984/2010

Inspector Name (Print):

Inspector Signature: _____

!!!!!ALARMED!!!!!!!

<u>Building Lo</u>	<u>ocation</u>

DEEP RUN I 9950 MAYLAND DR HENRICO VA 23233

Owner / Agent

ATTN: RAFAEL INNIS DEEP RUN SPE, LLC 9550 MAYLAND DR. HENRICO VA 23233

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

PHONE: (804) 527-4013 FAX: () -

Building Representative Contacted (Print):

Equipment Information

Key Location:

Alarm Status:

Elevator ID #:

Equipment #:

Equipment Type:

Code In Effect:

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 ne	performed		
on	of this equipment has revealed the following conditions:		

Fax: (804) 501-4984

DEEP RUN I 9950 MAYLAND DR HENRICO VA 23233

Equipment Information

Key Location: ENGR. OFFICE

Alarm Status: !!!!!ALARMED!!!!!!!

ELV2001-00933 Elevator ID #:

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

norformed

Equipment #:

Equipment Type: Elevator 1984/2010 **Code In Effect:**

Owner / Agent

Tho

ATTN: RAFAEL INNIS DEEP RUN SPE, LLC 9550 MAYLAND DR. HENRICO VA 23233

PHONE: (804) 527-4013

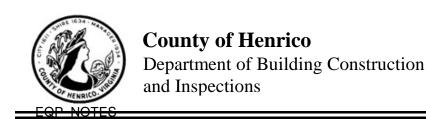
Building Representative Contacted (Print): FAX: () -

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

THC	performed	
on	of this equipment has revealed the following conditions:	
		_
		_



Fax: (804) 501-4984

Building Location

THE PERIMETER CENTER 9960 MAYLAND DR HENRICO VA 23233

Owner / Agent

ATTN: WENDY WALTON-SMITH GPT PROPERTIES C/O THE RMR GROUP LLC 9900 INDEPENDENCE PARK DR, SUITE 120 HENRICO VA 23233

PHONE: (804) 349-7403

FAX: ()-

EMAIL: LHOGATE@RMRGROUP.COM

Equi	pment	Infor	rmation

Key Location: ENGINEERS OFFICE Alarm Status: !!!!!! ALARMED !!!!! ELV2001-00939 Elevator ID #:

1 Equipment #:

Elevator Equipment Type: 1987

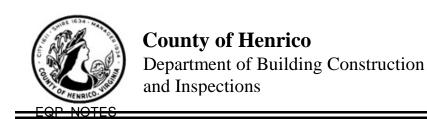
Code In Effect:

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

naufaumad

Category I, III and V Periodic Test Due: October April / October **Periodic Inspection Due:**

1 ne	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

THE PERIMETER CENTER 9960 MAYLAND DR HENRICO VA 23233

Owner / Agent

ATTN: WENDY WALTON-SMITH GPT PROPERTIES C/O THE RMR GROUP LLC 9900 INDEPENDENCE PARK DR, SUITE 120 HENRICO VA 23233

PHONE: (804) 349-7403

FAX: () -

Tho

EMAIL: LHOGATE@RMRGROUP.COM

<u>E(</u>	<u> ui</u>	pme	nt l	lnf	or	ma	<u>ti</u>	on

Key Location: ENGINEERS OFFICE Alarm Status: !!!!!! ALARMED !!!!!

1987

ELV2001-00939 Elevator ID #:

2 Equipment #:

Code In Effect:

Equipment Type: Elevator

Inspection Agency: ___ **Inspector Name (Print):**

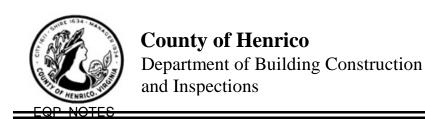
Inspector Signature: _____

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

- mc	performed				
on	of this equipment has revealed the following conditions:				



Fax: (804) 501-4984

Building Location

THE PERIMETER CENTER 9960 MAYLAND DR HENRICO VA 23233

Owner / Agent

ATTN: WENDY WALTON-SMITH GPT PROPERTIES C/O THE RMR GROUP LLC 9900 INDEPENDENCE PARK DR, SUITE 120 HENRICO VA 23233

PHONE: (804) 349-7403

FAX: () -

EMAIL: LHOGATE@RMRGROUP.COM

Equi	pment	Infor	mation

Key Location: ENGINEERS OFFICE Alarm Status: !!!!!! ALARMED !!!!!

ELV2001-00939 Elevator ID #:

3 Equipment #:

Equipment Type: Elevator 1987 **Code In Effect:**

Inspection Agency:

Inspector Name (Print):

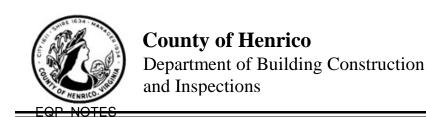
Inspector Signature: _____

Building Representative Contacted (Print):

naufaumad

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1 ne	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

THE PERIMETER CENTER 9960 MAYLAND DR HENRICO VA 23233

Owner / Agent

ATTN: WENDY WALTON-SMITH GPT PROPERTIES C/O THE RMR GROUP LLC 9900 INDEPENDENCE PARK DR, SUITE 120 HENRICO VA 23233

PHONE: (804) 349-7403

FAX: ()-

Tho

EMAIL: LHOGATE@RMRGROUP.COM

Equi	pment	Inf	forma	tion

Key Location: ENGINEERS OFFICE Alarm Status: !!!!!! ALARMED !!!!!

Elevator ID #: ELV2001-00939

Equipment #: 4

Equipment Type: Elevator

Code In Effect: 1987

Code In Effect: 1987

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: October
Periodic Inspection Due: April / October

- mc	performed				
on	of this equipment has revealed the following conditions:				



Fax: (804) 501-4984

Building Location

THE PERIMETER CENTER 9960 MAYLAND DR HENRICO VA 23233

Owner / Agent

ATTN: WENDY WALTON-SMITH GPT PROPERTIES C/O THE RMR GROUP LLC 9900 INDEPENDENCE PARK DR, SUITE 120 HENRICO VA 23233

PHONE: (804) 349-7403

FAX: () -

Tho

EMAIL: LHOGATE@RMRGROUP.COM

<u>Ec</u>	(ui	pme	<u>ent </u>	<u>Inf</u>	or	ma	<u>ti</u>	on

Key Location: ENGINEERS OFFICE Alarm Status: !!!!!! ALARMED !!!!!

ELV2001-00939 Elevator ID #:

5 Equipment #:

Equipment Type: Elevator 1987 **Code In Effect:**

Inspection Agency:	

Inspector Name (Print):

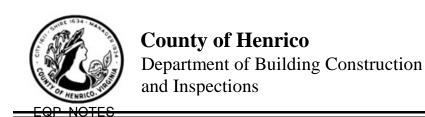
Inspector Signature:

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

· · · · · · · · · · · · · · · · · · ·	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

RIDGEFIELD MEDICAL BUILDING 2200 PUMP RD HENRICO VA 23233

Owner / Agent

Tho

ATTN: JUDY GUILD C.B. RICHARD ELLIS P.O. BOX 13470

RICHMOND VA 23225

PHONE: (804) 320-5500 FAX: (804) 320-3905

EMAIL: JUDY.GUILD@CBRE.COM

Equipment Informat	ĺO	r
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Key Location: 2ND.FL.\ RM.205

Alarm Status: NONE

ELV2001-00941 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1987 **Code In Effect:**

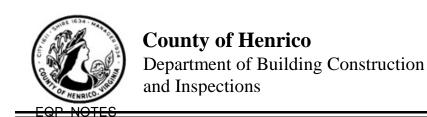
Inspection Agency:	
Inspector Name (Print): _	
Inspector Signature:	

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

THC	performed				
on	of this equipment has revealed the following conditions:				



Fax: (804) 501-4984

Building Location

WEST SHORE II BUILDING 201 CONCOURSE BLVD GLEN ALLEN VA 23060

Owner / Agent

ATTN: SEAN.DAVIS WESTDALE REAL ESTATE MGT. 11551 NUCKOLS RD - SUITE O GLEN ALLEN VA 23059

PHONE: (804) 747-1551 FAX: (804) 965-0164

EMAIL: SEAN.DAVIS@WESTDALE.COM

Equipment 1	Information

Key Location: M.R. DOOR

Alarm Status: NONE

ELV2001-00943 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Ruilding Donrosontative Contacted (Print)

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

1 ne	performed			
on	of this equipment has revealed the following conditions:			

Fax: (804) 501-4984

Building Location

CAR/MAX 11090 W BROAD ST GLEN ALLEN VA 23060

Owner / Agent

Tho

ATTN: JOHN SABER **CARMAX AUTO SUPERSTORES** 12800 TUCKAHOE CREEK PKWY RICHMOND VA 23238

PHONE: (804) 747-0422 Ext: 4442

FAX: (804) 527-6530

EMAIL: JOHN_SABER@CARMAX.COM

Equipment Information	
	•

Key Location: SERVICE DESK

Alarm Status: NONE

ELV2001-00954 Elevator ID #:

Equipment #:

Elevator Equipment Type:

Code In Effect: 1987

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1 IIC	performed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location

VIRGINIA MUTUAL BUILDING 4480 COX RD GLEN ALLEN VA 23060

Owner / Agent

Tho

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

PHONE: (804) 747-7800 FAX: (804) 965-0164

EMAIL: TERRY.NERO@HIGHWOODS.COM

Equipment Information	quipme	nt Inf	ormat	tion
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Key Location: 3RD.FL.\VA.MUTUAL RC

Alarm Status: NONE

ELV2001-00956 Elevator ID #:

Equipment #:

Equipment Type: Elevator

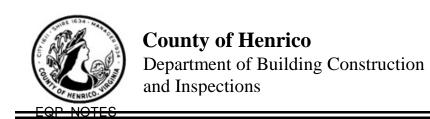
1993 Code In Effect:

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):
, , , , , , , , , , , , , , , , , , ,

norformed

Category I, III and V Periodic Test Due: October April / October **Periodic Inspection Due:**

1 IIC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

VIRGINIA MUTUAL BUILDING 4480 COX RD GLEN ALLEN VA 23060

Owner / Agent

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

PHONE: (804) 747-7800 FAX: (804) 965-0164

EMAIL: TERRY.NERO@HIGHWOODS.COM

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	H. W	1111	nm	ant		nt	^	rm	nn	tı.	^	-
	'. U		pm						а		١,	

Key Location: 3RD.FL.\VA.MUTUAL RC

Alarm Status: NONE

ELV2001-00956 Elevator ID #:

Equipment #:

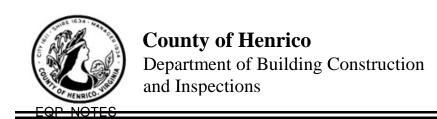
Elevator **Equipment Type:**

1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1 ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

GAYTON BAPTIST CHURCH 13501 N GAYTON RD HENRICO VA 23233

Owner / Agent

Tho

ATTN: TAMMY WILLIAMS GAYTON BAPTIST CHURCH 13501 N GAYTON RD HENRICO VA 23233

PHONE: (804) 360-2801 FAX: (804) 612-7837

EMAIL: TAMMY@GAYTONCHURCH.ORG

|--|

Key Location: OFFICE Alarm Status: NONE

ELV2001-00959 Elevator ID #:

Equipment #:

Equipment Type: Elevator 1987 **Code In Effect:**

Inspection Agency:

Inspector Name (Print):

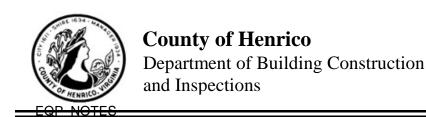
Inspector Signature: _____

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

1 IIC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

HIGHWOODS ONE 10900 NUCKOLS RD GLEN ALLEN VA 23060

Owner / Agent

Tho

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

PHONE: (804) 747-7800 FAX: (804) 346-1995

EMAIL: SUZANNE.ROSS@HIGHWOODS.COM

Equipment Information	
Equipment into man	

Key Location: KEYBOX ON#3DOOR (M

Alarm Status: NONE

ELV2001-00961 Elevator ID #:

Equipment #:

Elevator Equipment Type:

1993 Code In Effect:

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

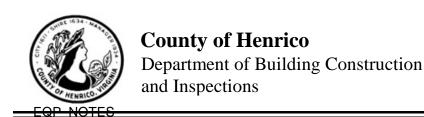
Building Representative Contacted (Print):

norformed

October

Category I, III and V Periodic Test Due: **April / October Periodic Inspection Due:**

THC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

HIGHWOODS ONE 10900 NUCKOLS RD GLEN ALLEN VA 23060

Owner / Agent

Tho

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

PHONE: (804) 747-7800 FAX: (804) 346-1995

EMAIL: SUZANNE.ROSS@HIGHWOODS.COM

Equipment Information	
	•

Key Location: KEYBOX ON#3DOOR (M

Alarm Status: NONE

ELV2001-00961 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

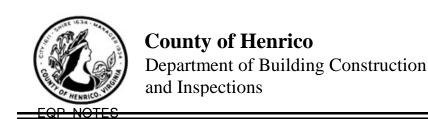
1993 Code In Effect:

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	
Building Representative Contacted (Print):	

nerformed

Category I, III and V Periodic Test Due: October April / October **Periodic Inspection Due:**

THC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

HIGHWOODS ONE 10900 NUCKOLS RD GLEN ALLEN VA 23060

Owner / Agent

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

PHONE: (804) 747-7800 FAX: (804) 346-1995

EMAIL: SUZANNE.ROSS@HIGHWOODS.COM

Equipment Information	
	•

Key Location: KEYBOX ON#3DOOR (M

Alarm Status: NONE

ELV2001-00961 Elevator ID #:

Equipment #:

Elevator **Equipment Type:**

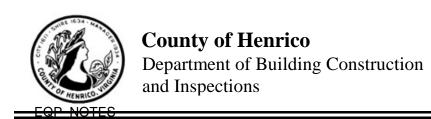
1993 Code In Effect:

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

naufaumad

Category I, III and V Periodic Test Due: October April / October **Periodic Inspection Due:**

THE	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

LAKEBROOK COMMONS 4851 LAKE BROOK DR GLEN ALLEN VA 23060

Equipment Information

Key Location: LOCK BOX

Alarm Status: NONE

ELV2001-00964 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Owner / Agent

ATTN: MONIQUE DOUCETTE HIGHWOODS PROPERTIES

4501 HIGHWOODS PKWY. SUITE 400

GLEN ALLEN VA 23060

PHONE: (804) 747-7800 FAX: (804) 965-0164

EMAIL: MONIQUE.DOUCETTE@HIGHWOODS.COM

Inspection Agency: **Inspector Name (Print):**

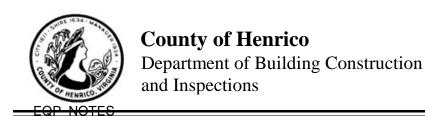
Inspector Signature: _____

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October

April / October Periodic Inspection Due:

ı ne	performed
on	of this equipment has revealed the following conditions:



Phone: (804) 501-436 Fax: (804) 501-4984

Building Location

WESTEERE II OFFICE BUILDING 3957 WESTERRE PKWY RICHMOND VA 23233

Owner / Agent

Tho

ATTN: EMILY BARONE

THALHIMER P.O. BOX 5160

GLEN ALLEN VA 23058

PHONE: (804) 697-3411 FAX: (804) 697-3565

EMAIL: EMILY.BARONE@THALHIMER.COM

Equipment Information

Key Location: 1ST/FL. FIRE BOX

Alarm Status: NONE

Elevator ID #: ELV2001-00969

Equipment #: 1

Equipment Type: Elevator

Code In Effect: 1993

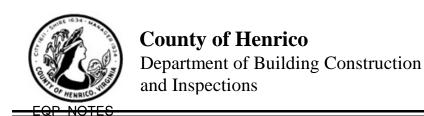
Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April
Periodic Inspection Due: April / October

	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

WESTEERE II OFFICE BUILDING 3957 WESTERRE PKWY RICHMOND VA 23233

Owner / Agent

ATTN: EMILY BARONE

THALHIMER P.O. BOX 5160

GLEN ALLEN VA 23058

PHONE: (804) 697-3411 FAX: (804) 697-3565

EMAIL: EMILY.BARONE@THALHIMER.COM

Equipment Informat	ĺO	1
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Key Location: 1ST/FL. FIRE BOX

Alarm Status: NONE

ELV2001-00969 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspection Agency:	

Inspector Name (Print):

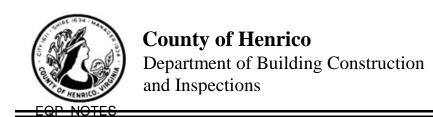
Inspector Signature:

Building Representative Contacted (Print):

naufaumad

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

1 ne	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

|--|

CANDLEWOOD SUITES 4120 BROOKRIVER DR GLEN ALLEN VA 23259

Equipment Information

Key Location:

FRONT DESK

Alarm Status:

NONE

Elevator ID #:

ELV2001-00990

Equipment #:

Equipment Type:

Elevator

Inspector Name (Print):

Inspector Signature: _____

Code In Effect:

1993

Owner / Agent

Tho

ATTN: JASON LIESEGANGE **CANDLEWOOD SUITES** 4120 TOM LEONARD DR GLEN ALLEN VA 23059

PHONE: (804) 364-2000 FAX: (804) 364-8701

Building Representative Contacted (Print):

norformed

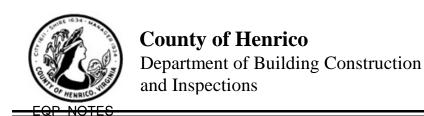
Inspection Agency:

EMAIL: CNDLRICHMOND@GENERATIONCOMPANIES.COl

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

- mc	periormea				
on	of this equipment has revealed the following conditions:				



Fax: (804) 501-4984

Building Location

NEW BRIDGE BAPTIST CHURCH 5701 ELKO RD SANDSTON VA 23150

Owner / Agent

Tho

ATTN: JEFF YATES NEW BRIDGE BAPTIST CHURCH 5701 ELKO RD.

SANDSTON VA 23150

PHONE: (804) 737-7331 FAX: (804) 737-1181

EMAIL: Y8SFISHIN@YAHOO.COM

Equipment	t Info	ormat	ion

Key Location: SEE MAINT.

Alarm Status: NONE

ELV2002-01000 Elevator ID #:

Equipment #:

Elevator - Hydraulic **Equipment Type:**

1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April April / October

Periodic Inspection Due:

1 IIC	performed				
on	of this equipment has revealed the following conditions:				

Fax: (804) 501-4984

Building Location

ST PAULS BAPTIST CHURCH 4247 CREIGHTON RD RICHMOND VA 23223

Owner / Agent

ATTN: GREGORY HARRIS ST PAULS BAPTIST CHURCH 4247 CREIGHTON RD RICHMOND VA 23223

PHONE: (804) 643-4000 Ext: 192

FAX: (804) 648-4526

EMAIL: GREGORY.HARRIS@MYSPBC.ORG

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	'. U		pm						а		١,	

Key Location: CHURCH OFFICE

Alarm Status: NONE

ELV2002-01007 Elevator ID #:

Equipment #:

Elevator - Hydraulic **Equipment Type:**

1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):
Dunuing Representative Contacted (Frint).

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

THE	performed			
on	of this equipment has revealed the following conditions:			

Fax: (804) 501-4984

Building Location

ST PAULS BAPTIST CHURCH 4247 CREIGHTON RD RICHMOND VA 23223

Owner / Agent

ATTN: GREGORY HARRIS ST PAULS BAPTIST CHURCH 4247 CREIGHTON RD RICHMOND VA 23223

PHONE: (804) 643-4000 Ext: 192

FAX: (804) 648-4526

EMAIL: GREGORY.HARRIS@MYSPBC.ORG

Ean	ipment	Infor	·matior
Lyu	pincin		manon

Key Location: CHURCH OFFICE

Alarm Status: NONE

ELV2002-01007 Elevator ID #:

Equipment #:

Elevator - Hydraulic **Equipment Type:**

1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):
bunding Representative Confedera (17111).

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

THE	performed		
on	of this equipment has revealed the following conditions:		

Fax: (804) 501-4984

Building Location

ST PAULS BAPTIST CHURCH 4247 CREIGHTON RD RICHMOND VA 23223

Owner / Agent

ATTN: GREGORY HARRIS ST PAULS BAPTIST CHURCH 4247 CREIGHTON RD RICHMOND VA 23223

PHONE: (804) 643-4000 Ext: 192

FAX: (804) 648-4526

EMAIL: GREGORY.HARRIS@MYSPBC.ORG

<u>Equi</u>	<u>pment</u>	Info	orma	<u>tion</u>

Key Location: CHURCH OFFICE

Alarm Status: **NONE**

ELV2002-01007 Elevator ID #:

3 Equipment #:

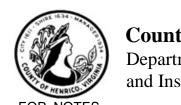
Elevator - Hydraulic **Equipment Type:**

1993 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	_
Inspector Signature:	
Building Representative Contacted (Print):	

Category I, III and V Periodic Test Due: October April / October **Periodic Inspection Due:**

THE	performed		
on	of this equipment has revealed the following conditions:		



County of Henrico

Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

ECONOMIC DEVELOPMENT BUILDING 4300 E PARHAM RD HENRICO VA 23228

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO CO. BUILDINGS & GROUNDS

P.O. BOX 90775 HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@CO.HENRICO.VA.US

Key Location: FRONT DESK

Alarm Status: NONE

ELV2002-01024 Elevator ID #:

Equipment #:

Elevator - Hydraulic **Equipment Type:**

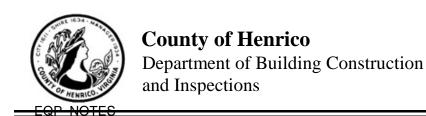
1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

1 ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

ROSLYN DINING HALL 8727 RIVER RD RICHMOND VA 23229

Equipment Information

Key Location: Alarm Status:

ELV2002-01026 Elevator ID #:

1 Equipment #:

Dumbwaiter Equipment Type:

Code In Effect:

The

ATTN: KASS LAWRENCE

MEMORIAL TRUSTEES/THE VA. DIOCESE

8727 RIVER RD.

RICHMOND VA 23229

PHONE: (804) 288-6045 FAX: (804) 285-3430

EMAIL: TOMS@ROSLYNCENTER.ORG

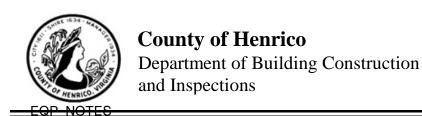
Inspection Agency:	
Inspector Name (Print):	

Inspector Signature:

Building Representative Contacted (Print):

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

The	performed
on	of this equipment has revealed the following conditions:



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

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

Building Location

CHESTNUT GROVE ASSISTED LIVING 9010 WOODMAN RD HENRICO VA 23228

Equipment Information

Key Location: OFFICE Alarm Status: NONE

ELV2003-01076 Elevator ID #:

Equipment #:

Elevator - Hydraulic Equipment Type:

Building Representative Contacted (Print):

norformed

1993 **Code In Effect:**

Tho

ATTN: LEONARD WILKERSON

CHESTNUT GROVE LP 9010 WOODMAN RD HENRICO VA 23228

PHONE: (804) 262-7333

FAX: (804) 377-7400

EMAIL: LWILKINSON@CHESTNUTGROVELIVING.COM

Inspection Agency:					

Inspector Name (Print):

Inspector Signature:

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

THC	performed
on	of this equipment has revealed the following conditions:



County of Henrico

Department of Building Construction and Inspections

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

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

Building Location

CHESTNUT GROVE ASSISTED LIVING 9010 WOODMAN RD HENRICO VA 23228

Equipment Information

Key Location: OFFICE Alarm Status: NONE

Elevator ID #: ELV2003-01076

Equipment #: 2

Equipment Type: Elevator - Hydraulic

Code In Effect: 1993

Owner / Agent

Tho

ATTN: LEONARD WILKERSON CHESTNUT GROVE LP 9010 WOODMAN RD

HENRICO VA 23228

PHONE: (804) 262-7333

FAX: (804) 377-7400 Buil EMAIL: LWILKINSON@CHESTNUTGROVELIVING.COM

Inspection Agency: _____

Inspector Name (Print):

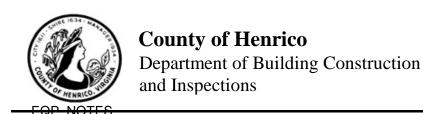
Inspector Signature:

Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: October
Periodic Inspection Due: April / October

THC	performed
on	of this equipment has revealed the following conditions:



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

Building Location

CHESTNUT GROVE ASSISTED LIVING 9010 WOODMAN RD HENRICO VA 23228

Equipment Information

Key Location: OFFICE Alarm Status: NONE

Elevator ID #: ELV2003-01076

Equipment #: 3

Equipment Type: Elevator - Hydraulic

Inspection Agency:

Code In Effect: 1993

Owner	/	Ag	ent

Tho

ATTN: LEONARD WILKERSON

CHESTNUT GROVE LP 9010 WOODMAN RD HENRICO VA 23228

PHONE: (804) 262-7333

FAX: (804) 377-7400

Inspector Name (Print):

Inspector Signature: _____

Building Representative Contacted (Print):

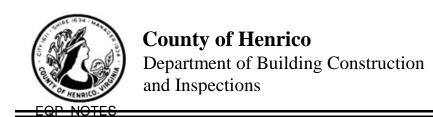
nerformed

EMAIL: LWILKINSON@CHESTNUTGROVELIVING.COM

Category I, III and V Periodic Test Due: October

Periodic Inspection Due: April / October

THC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

JEWISH COMMUNITY CENTER 5403 MONUMENT AVE RICHMOND VA 23226

Owner / Agent

ATTN: GINO CAMPOS WEINSTEIN COMMUNITY CENTER INC 5403 MONUMENT AVE RICHMOND VA 23226

PHONE: (804) 545-8646 FAX: (804) 285-3138

EMAIL: GWHITLEY@WEINSTEIN.ORG

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	H. W	1111	nm	ant		nt	^	rm	nn	tı.	^	-
	'. U		pm						а		١,	

Key Location: RECPT. DESK

Alarm Status: NONE

ELV2003-01107 Elevator ID #:

Equipment #:

Elevator - Hydraulic **Equipment Type:**

1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April April / October **Periodic Inspection Due:**

THE	performed				
on	of this equipment has revealed the following conditions:				

Fax: (804) 501-4984

Building Location

CARTER WOODS SENIOR APTS 301 DABBS HOUSE RD RICHMOND VA 23223

Equipment Information

Key Location: MAINT. Alarm Status: NONE

ELV2004-01139 Elevator ID #:

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

norformed

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Owner	/	Agent
-------	---	-------

Tho

ATTN: CANDACE BURNETT RICHMOND AFFORDABLE HOUSING 301 DABBS HOUSE RD

RICHMOND VA 23223

PHONE: (804) 222-4395

FAX: (804) 222-4398

Building Representative Contacted (Print):

EMAIL: CBURNETT@BETTERHOUSINGCOALITION.ORG

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

- mc	performed				
on	of this equipment has revealed the following conditions:				

Fax: (804) 501-4984

Building Location

CARTER WOODS SENIOR APTS 301 DABBS HOUSE RD RICHMOND VA 23223

Equipment Information

Key Location: MAINT. Alarm Status: NONE

ELV2004-01139 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1996 **Code In Effect:**

Owner	/ Agent

Tho

ATTN: CANDACE BURNETT RICHMOND AFFORDABLE HOUSING 301 DABBS HOUSE RD

RICHMOND VA 23223

PHONE: (804) 222-4395

FAX: (804) 222-4398

Inspection Agency: Inspector Name (Print):

Inspector Signature: _____

Building Representative Contacted (Print):

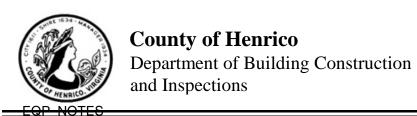
norformed

EMAIL: CBURNETT@BETTERHOUSINGCOALITION.ORG

Category I, III and V Periodic Test Due: October

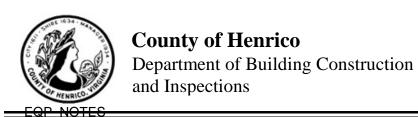
April / October Periodic Inspection Due:

THC	performed
on	of this equipment has revealed the following conditions:



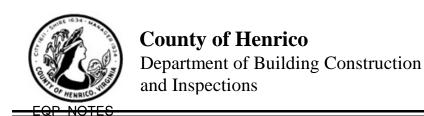
P.O. Box 90775 Henrico, VA 23273-0775 Phone: (804) 501-4360 Fax: (804) 501-4984

Building Location	Equipment Informat	<u>tion</u>	
ST MARY'S MOB NW	Key Location:		
1501 MAPLE AVE	Alarm Status:		
RICHMOND, VA 23226	Elevator ID #:	ELV2004-01152	
	Equipment #:	1	
	Equipment Type:	Elevator - Traction	
	Code In Effect:	1996	
Owner / Agent			
ATTN: JMERKLE	Inspection Agency: _		
HEALTHCARE REALTY SERVICES INC.	In an a stan Nama (Dui	4).	
5875 BREMO RD. RICHMOND, VA 23226	inspector Name (Pri	nt):	
Inspector Signature:			
PHONE: (804) 282-5391			
FAX: (804) 282-5397	Building Representa	tive Contacted (Print):	
EMAIL: JMERKLE@HEALTHCAREREALTY.COM			
Category I, III and V Periodic Test Due: April			
Periodic Inspection Due: April /	October		
All Acceptance, Alteration and Periodic Inspections / To of the VA USBC/VCC and VA USBC/VMC, and the Altereferenced in the VA USBC. Approved Acceptance / Alternico County before the equipment is put into service approved Periodic Inspection / Test reports shall be receinspection month. If the Inspection / Test reveal any county and approved by the Inspector before the equipment is rebe installed at the time of inspection. Operating equipment USBC/VCC and VA USBC/VMC. Failure to abate a conviction, by a fine of \$2,500.	7.1 code in affect at the lteration inspection and e and/or a Certificate of eived by Henrico Count de violations, they shall teturned to service. All nent without proper cerude violation of the VA	e time of installation / alteration as test reports shall be received by Coccupancy will be issued. All by on or before the last day of the last corrected, re-tested, re-inspected data plates, test tags, seals, etc. shall tification is a violation of the VA	
The	per	rformed	
on of this equipm	nent has revealed the	following conditions:	



Fax: (804) 501-4984

Building Location	Equipment Informa	<u>tion</u>	
ST MARY'S MOB NW 1501 MAPLE AVE	Key Location: Alarm Status:		
RICHMOND, VA 23226	Elevator ID #:	ELV2004-01152	
	Equipment #:	2	
	Equipment Type:	Elevator - Traction	
Owner / Agent	Code In Effect:	1996	
ATTN: JMERKLE	Inspection Agency:		
HEALTHCARE REALTY SERVICES INC. 5875 BREMO RD.	Inspector Name (Print):		
RICHMOND, VA 23226	Inspector Signature:		
PHONE: (804) 282-5391 FAX: (804) 282-5397 EMAIL: JMERKLE@HEALTHCAREREALTY.COM	Building Representa	ntive Contacted (Print):	
Category I, III and V Periodic Test Due: April Periodic Inspection Due: April	October		
All Acceptance, Alteration and Periodic Inspections / To of the VA USBC/VCC and VA USBC/VMC, and the Al referenced in the VA USBC. Approved Acceptance / Al Henrico County before the equipment is put into service approved Periodic Inspection / Test reports shall be receinspection month. If the Inspection / Test reveal any coand approved by the Inspector before the equipment is rebe installed at the time of inspection. Operating equipm USBC/VCC and VA USBC/VMC. Failure to abate a coconviction, by a fine of \$2,500.	7.1 code in affect at the lateration inspection and and/or a Certificate of eived by Henrico Counde violations, they shall be turned to service. All nent without proper certificate at the service of th	e time of installation / alteration as a test reports shall be received by f Occupancy will be issued. All ty on or before the last day of the l be corrected, re-tested, re-inspected data plates, test tags, seals, etc. shall tification is a violation of the VA	
The	pe	rformed	
on of this equipm	nent has revealed the	following conditions:	



Fax: (804) 501-4984

Building Location

DEEP RUN RECREATION CENTER 9900 RIDGEFIELD PKWY HENRICO VA 23233

Owner / Agent

Tho

ATTN: KLAUS ILLIG

HENRICO CO. BLDGS. AND GROUNDS

P.O. BOX 90775 HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@CO.HENRICO.VA.US

Equipment Information		4	T 0	4 •
Eduibilient miloi manon	H'MIII	nmont	Intori	motion
	1761111	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		111411011

Key Location: FRONT DESK

Alarm Status: NONE

Elevator ID #: ELV2005-01172

Equipment #: 1

Equipment Type: Elevator - Hydraulic

Code In Effect: 1993

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

Periodic Inspection Due: April / October

- mc	performed			
on	of this equipment has revealed the following conditions:			

Fax: (804) 501-4984

Building Location

PARHAM PARK PLACE II 7590 E PARHAM RD RICHMOND VA 23228

Owner / Agent

ATTN: MATTHEW DEWORKEN ELDERHOMES III PPP II LLC 7600 E PARHAM RD HENRICO VA 23294

PHONE: (804) 672-7718 FAX: (804) 672-7657

EMAIL: PARHAMPARK@EPOCHINC.COM

Key Location: Alarm Status:

ELV2005-01174 Elevator ID #:

1 Equipment #:

Elevator - Hydraulic **Equipment Type:**

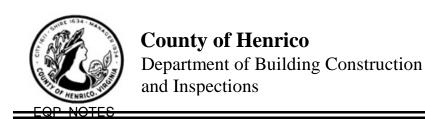
1993 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

ı ne	periormed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

WALKERTON TAVERN 2892 MOUNTAIN RD GLEN ALLEN VA 23060

Owner / Agent

Tho

ATTN: DANNY MOTLEY

HENRICO COUNTY RECREATION & PARKS

8600 DIXON POWERS DR

HENRICO VA 23228

PHONE: (804) 261-6898 FAX: (804) 261-6896

EMAIL: MOT@CO.HENRICO.VA.US

|--|

Key Location: FRONT DESK

Alarm Status: NONE

ELV2005-01185 Elevator ID #:

Equipment #:

Equipment Type: Elevator

1993 **Code In Effect:**

Inspector Name (Print):

Inspector Signature:

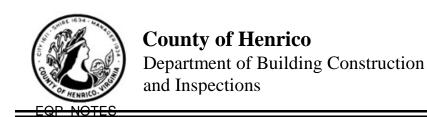
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

THC	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

TUCKAHOE LIBRARY 1901 STARLING DR HENRICO VA 23229

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

POBOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: ILL001@HENRICO.US

Equipment Information	quipme	nt Inf	ormat	tion
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Key Location: FRONT DESK

Alarm Status: NONE

ELV2005-01193 Elevator ID #:

Equipment #:

Elevator - Hydraulic Equipment Type:

1996 **Code In Effect:**

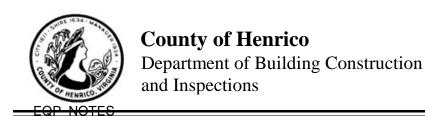
Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 ne	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

TUCKAHOE LIBRARY 1901 STARLING DR HENRICO VA 23229

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

POBOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: ILL001@HENRICO.US

|--|

Key Location: FRONT DESK

Alarm Status: NONE

ELV2005-01193 Elevator ID #:

Equipment #:

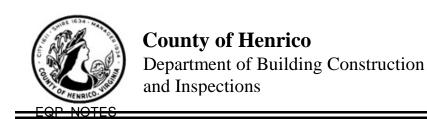
Elevator - Hydraulic **Equipment Type:**

1996 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
• , ,
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

ı ne	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

<u>Bui</u>	lding	Loca	tion

HICKORY PARK BLDG F 11237 NUCKOLS RD GLEN ALLEN VA 23059

Owner / Agent

ATTN: SUE MARYE **HHHUNT CORPORATION** 11237 NUCKOLS RD GLEN ALLEN VA 23059

PHONE: (804) 762-4800 FAX: (804) 762-9769

EMAIL: KWEISE@HHHUNT.COM

Eq	ui	pment	Infor	mation
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Key Location: Alarm Status:

ELV2006-01201 Elevator ID #:

1 Equipment #:

Elevator - Hydraulic Equipment Type:

1996 **Code In Effect:**

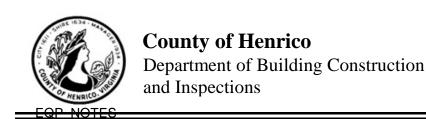
Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	
Building Representative Contacted (Print):	

Category I, III and V Periodic Test Due: April

Periodic Inspection Due:

April / October

1 ne	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

TWIN HICKORY AREA LIBRARY 5001 TWIN HICKORY RD GLEN ALLEN VA 23060

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

POBOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@CO.HENRICO.VA.US

Equipment Information

Key Location: FRONT DESK

Alarm Status: NONE

ELV2006-01212 Elevator ID #:

Equipment #:

Elevator - Hydraulic **Equipment Type:**

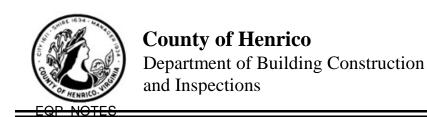
1996 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

ı ne	performed			
on	of this equipment has revealed the following conditions:			



Fax: (804) 501-4984

Building Location

TWIN HICKORY AREA LIBRARY 5001 TWIN HICKORY RD GLEN ALLEN VA 23060

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

POBOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

conviction, by a fine of \$2,500.

EMAIL: COR05@CO.HENRICO.VA.US

Equipment	t Info	ormat	ion

Key Location: FRONT DESK

Alarm Status: NONE

ELV2006-01212 Elevator ID #:

Equipment #:

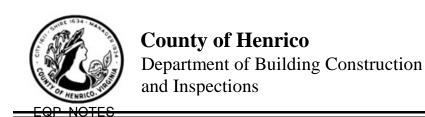
Elevator - Hydraulic **Equipment Type:**

1996 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April April / October **Periodic Inspection Due:**

ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Dunuing Location	Building 1	Location
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HICKORY PARK BLDG H 5300 HICKORY PARK DR GLEN ALLEN VA 23059

Owner / Agent

ATTN: STUART CANTOR

RICHMOND RESOURCES HICKORY PARK

LLC

5300 HICKORY PARK DR SUITE 210

GLEN ALLEN VA 23059 PHONE: (804) 262-7601 FAX: (804) 262-8052

EMAIL:

Key Location: KEYBOX Alarm Status: NONE

ELV2006-01235 Elevator ID #:

Equipment #:

Elevator - Hydraulic Equipment Type:

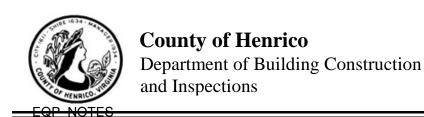
Code In Effect: 2000

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October

April / October Periodic Inspection Due:

performed
of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

HENRICO THEATRE 305 E NINE MILE RD HENRICO VA 23075

Equipment Information

Key Location: DESK Alarm Status: NONE

ELV2007-01274 Elevator ID #:

Equipment #:

Elevator - Hydraulic Equipment Type:

Code In Effect: 2000

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS AND GROUNDS

P.O. BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@CO.HENRICO.VA.US

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

Building Representative Contacted (Print):

naufaumad

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 ne	performed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location

BJ'S WHOLESALE CLUB #198 1320 STARLING DR HENRICO VA 23229

Owner / Agent

ATTN: SEAN MCGEE BJ'S WHOLESALE CLUB 25 RESEARCH DR WESBOROUGH MA 01581

PHONE: (774) 512-6318 FAX: (804) 727-3500 EMAIL: SMCGEE@BJS.COM

Equipment Information	
	•

Key Location: STORE MGR.

Alarm Status: NONE

ELV2008-01351 Elevator ID #:

Equipment #:

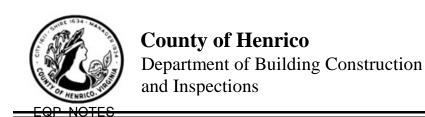
Elevator - Hydraulic **Equipment Type:**

2000 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October April / October **Periodic Inspection Due:**

ı ne	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

VML INSURANCE BLDG. 11243 NUCKOLS RD GLEN ALLEN VA 23059

Owner / Agent

ATTN: JEFF NICKEY VML INSURANCE PROGRAMS 11243 NUCKOLS RD GLEN ALLEN VA 23059

PHONE: (804) 237-7314

FAX: ()-

EMAIL: JNICKEY@VMLINS.ORG

Equi	<u>pment</u>	<u>Infori</u>	<u>nation</u>

Key Location: KEYBOX Alarm Status: **NONE**

ELV2008-01356 Elevator ID #:

Equipment #:

Elevator - Hydraulic Equipment Type:

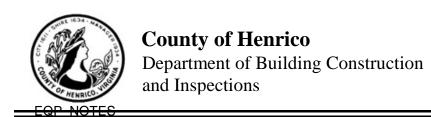
2000 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	
Building Representative Contacted (Print):	

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

The	performed	
on	of this equipment has revealed the following conditions:	



Fax: (804) 501-4984

Building Location

BROOK RUN SENIOR APTS 6000 BROOK RD RICHMOND VA 23227

Owner / Agent

ATTN: JEAN JOHNSON BROOK RUN SOMERSET LLC 6000 BROOK RD RICHMOND VA 23227

PHONE: (804) 261-1006 FAX: (804) 261-1008

EMAIL: BROOKRUN@ALLIED-ORION.COM

Equipment	t Info	ormat	ion

Key Location: MAINT. Alarm Status: **NONE**

ELV2008-01367 Elevator ID #:

Equipment #:

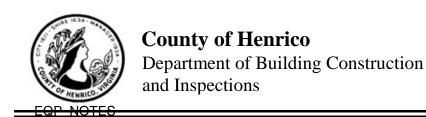
Elevator - Traction Equipment Type:

2005/2006 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April April / October **Periodic Inspection Due:**

1 ne	periormed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

BROOK RUN SENIOR APTS 6000 BROOK RD RICHMOND VA 23227

Owner / Agent

Tho

ATTN: JEAN JOHNSON BROOK RUN SOMERSET LLC 6000 BROOK RD RICHMOND VA 23227

PHONE: (804) 261-1006 FAX: (804) 261-1008

EMAIL: BROOKRUN@ALLIED-ORION.COM

|--|

Key Location: MAINT. Alarm Status: **NONE**

ELV2008-01367 Elevator ID #:

Equipment #:

Elevator - Traction **Equipment Type:**

2005/2006 Code In Effect:

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

THC	performed		
on	of this equipment has revealed the following conditions:		

Fax: (804) 501-4984

Building Location

HOLIDAY INN MILLENNIUM 445 INTERNATIONAL CENTRE DR HENRICO VA 23150

Equipment Information

Key Location: MAINT. Alarm Status: NONE

ELV2008-01368 Elevator ID #:

Equipment #:

Elevator - Traction Equipment Type:

Code In Effect: 2005

Owner / Agent

The

ATTN: DEVANG THAKAR AUDUBON III LLC 2000 WARE BOTTOM SPRING RD CHESTER VA 23836

PHONE: (804) 777-9000 Ext: 119

FAX: (804) 777-3085

EMAIL: DEVANG.THAKAR@SHAMINHOTELS.COM

Inspection Agency: _	

Inspector Name (Print):

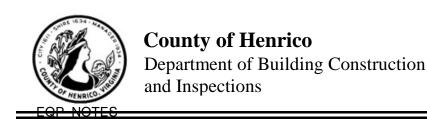
Inspector Signature:

Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1	of this equipment has revealed the following conditions:	



Fax: (804) 501-4984

Building Location

HOLIDAY INN MILLENNIUM 445 INTERNATIONAL CENTRE DR HENRICO VA 23150

Equipment Information

Key Location: MAINT. Alarm Status: **NONE**

ELV2008-01368 Elevator ID #:

Equipment #:

Elevator - Traction **Equipment Type:**

2005 Code In Effect:

Owner / Agent

The

ATTN: DEVANG THAKAR AUDUBON III LLC 2000 WARE BOTTOM SPRING RD CHESTER VA 23836

PHONE: (804) 777-9000 Ext: 119

FAX: (804) 777-3085

EMAIL: DEVANG.THAKAR@SHAMINHOTELS.COM

Inspection Agency:		
. 3		
Inspector Name (Print)		

Inspector Signature: _____

Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

1	of this equipment has revealed the following conditions:	

Fax: (804) 501-4984

Building Location

HOLIDAY INN MILLENNIUM 445 INTERNATIONAL CENTRE DR HENRICO VA 23150

Equipment Information

Key Location: MAINT. Alarm Status: **NONE**

ELV2008-01368 Elevator ID #:

Equipment #:

Elevator - Traction Equipment Type:

2005 Code In Effect:

Owner / A	\gent
-----------	-------

The

ATTN: DEVANG THAKAR AUDUBON III LLC 2000 WARE BOTTOM SPRING RD CHESTER VA 23836

PHONE: (804) 777-9000 Ext: 119

FAX: (804) 777-3085

EMAIL: DEVANG.THAKAR@SHAMINHOTELS.COM

Inspection Agency:	
. 5	
Inspector Name (Print)	

Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

The	performed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location

HYATT PLACE HOTEL 4401 S LABURNUM AVE HENRICO VA 23231-2419

Owner / Agent

ATTN: SUNNY AMIN OAK LLC. / HYATT PLACE 4401 S LABURNUM AVE HENRICO VA 23231-2419

PHONE: (804) 549-4865 FAX: (804) 549-4866

EMAIL: SUNNY.AMIN@SHAMINHOTELS.COM

Key Location: Alarm Status:

ELV2009-01385 Elevator ID #:

1 Equipment #:

Elevator - Hydraulic **Equipment Type:**

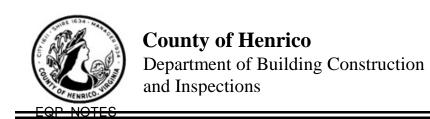
2000 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):
bunding Representative Confucted (11mt).

Category I, III and V Periodic Test Due: April

April / October **Periodic Inspection Due:**

ı ne	performed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

HYATT PLACE HOTEL 4401 S LABURNUM AVE HENRICO VA 23231-2419

Owner / Agent

ATTN: SUNNY AMIN OAK LLC. / HYATT PLACE 4401 S LABURNUM AVE HENRICO VA 23231-2419

PHONE: (804) 549-4865 FAX: (804) 549-4866

EMAIL: SUNNY.AMIN@SHAMINHOTELS.COM

Equip	oment	Info	mation

Key Location: Alarm Status:

ELV2009-01385 Elevator ID #:

2 Equipment #:

Elevator - Hydraulic **Equipment Type:**

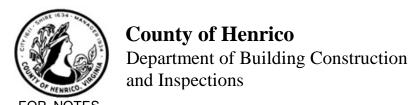
2000 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

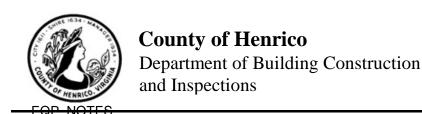
April / October **Periodic Inspection Due:**

1 ne	performed		
on	of this equipment has revealed the following conditions:		



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

Building Location	Equipment Informa	<u>ation</u>
VERENA AT THE GLEN	Key Location:	
10290 BROOK RD	Alarm Status:	
GLEN ALLEN VA 23059	Elevator ID #:	ELV2009-01395
	Equipment #:	1
	Equipment Type:	Elevator - Traction
Owner / Agent	Code In Effect:	2004/2005
ATTN: ASHLEY DUGGER	Inspection Agency:	
VERENA AT THE GLEN		•
10286 BROOK RD	Inspector Name (Pr	int):
GLEN ALLEN VA 23059	Inspector Signature	:
PHONE: (804) 261-1100 FAX: (804) 261-1200 EMAIL: ADUGGER@VERENAATTHEGLEI	S 1	ative Contacted (Print):
Category I, III and V Periodic Test Due: Periodic Inspection Due:	April April / October	
	ctions / Tests shall be performed	<u>=</u>
All Acceptance, Alteration and Periodic Inspe of the VA USBC/VCC and VA USBC/VMC, a referenced in the VA USBC. Approved Accepted Henrico County before the equipment is put in approved Periodic Inspection / Test reports shinspection month. If the Inspection / Test reveand approved by the Inspector before the equipment is put in the inspection of the equipment in the inspection of the equipment is put in the inspection of the equipment in the equipment	otance / Alteration inspection and noto service and/or a Certificate call be received by Henrico Courteal any code violations, they shapment is returned to service. Along equipment without proper ce	d test reports shall be received by of Occupancy will be issued. All aty on or before the last day of the ll be corrected, re-tested, re-inspected data plates, test tags, seals, etc. shall rtification is a violation of the VA
of the VA USBC/VCC and VA USBC/VMC, a referenced in the VA USBC. Approved Accept Henrico County before the equipment is put in approved Periodic Inspection / Test reports shinspection month. If the Inspection / Test reveal and approved by the Inspector before the equip be installed at the time of inspection. Operating USBC/VCC and VA USBC/VMC. Failure to	otance / Alteration inspection and noto service and/or a Certificate of all be received by Henrico Courteal any code violations, they shapment is returned to service. Alternative and equipment without proper ce abate a code violation of the VA	d test reports shall be received by of Occupancy will be issued. All aty on or before the last day of the ll be corrected, re-tested, re-inspected l data plates, test tags, seals, etc. shall rtification is a violation of the VA a USBC may be punished, upon
of the VA USBC/VCC and VA USBC/VMC, a referenced in the VA USBC. Approved Accept Henrico County before the equipment is put in approved Periodic Inspection / Test reports shinspection month. If the Inspection / Test reveal and approved by the Inspector before the equipbe installed at the time of inspection. Operating USBC/VCC and VA USBC/VMC. Failure to conviction, by a fine of \$2,500.	otance / Alteration inspection and noto service and/or a Certificate of all be received by Henrico Courseal any code violations, they shapment is returned to service. Alternative abate a code violation of the VA	d test reports shall be received by of Occupancy will be issued. All aty on or before the last day of the ll be corrected, re-tested, re-inspected ll data plates, test tags, seals, etc. shall rtification is a violation of the VA a USBC may be punished, upon



Fax: (804) 501-4984

Buil	ding	Location
Dun	wiii S	Locution

Equipment Information Key Location: MAINT. VERENA AT THE GLEN Alarm Status: NONE 10282 BROOK RD GLEN ALLEN VA 23059 ELV2009-01396 Elevator ID #: Equipment #: Elevator - Traction Equipment Type: **Code In Effect:** 2004/2005 Owner / Agent ATTN: ASHLEY DUGGER Inspection Agency: VERENA AT THE GLEN **Inspector Name (Print):** 10286 BROOK RD GLEN ALLEN VA 23059 Inspector Signature: _____ PHONE: (804) 261-1100 **Building Representative Contacted (Print):** FAX: ()-EMAIL: ADUGGER@CADENCEATTHEGLENVA.COM Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:** All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as referenced in the VA USBC. Approved Acceptance / Alteration inspection and test reports shall be received by Henrico County before the equipment is put into service and/or a Certificate of Occupancy will be issued. All approved Periodic Inspection / Test reports shall be received by Henrico County on or before the last day of the inspection month. If the Inspection / Test reveal any code violations, they shall be corrected, re-tested, re-inspected and approved by the Inspector before the equipment is returned to service. All data plates, test tags, seals, etc. shall be installed at the time of inspection. Operating equipment without proper certification is a violation of the VA USBC/VCC and VA USBC/VMC. Failure to abate a code violation of the VA USBC may be punished, upon conviction, by a fine of \$2,500. performed on ______ of this equipment has revealed the following conditions:

Fax: (804) 501-4984

B	ui	lding	Lo	<u>cati</u>	on

BEST WESTERN 8507 BROOK RD.

GLEN ALLEN VA 23060-4019

Owner / Agent

ATTN: PRATIK PATEL BEST WESTERN 8507 BROOK RD. GLEN ALLEN VA 23060-4019

PHONE: (804) 266-3500 FAX: (804) 266-3528

EMAIL: PRATIK@JPHOSPITALITY.COM

Equipment Informatio	Equi	pment	Infor	matio
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Key Location: Alarm Status:

Elevator ID #:

ELV2009-01408

1 Equipment #:

Elevator - Hydraulic Equipment Type:

Code In Effect: 2004

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October

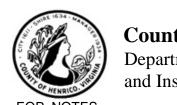
April / October Periodic Inspection Due:

performed
of this equipment has revealed the following conditions:

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

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

Building Location	Equipment Informa	ation_
HINDU CENTER OF VA	Key Location:	
6051 SPRINGFIELD RD	Alarm Status:	
HENRICO VA 23060-2401	Elevator ID #:	ELV2009-01435
	Equipment #:	1
	Equipment Type:	Elevator - Hydraulic
Owner / Agent	Code In Effect:	2004/2005
ATTN: SANJAY TIRUNAGARI	Inspection Agency:	
HINDU CENTER OF VA INC 6051 SPRINGFIELD RD	_	int):
HENRICO VA 23060-2401	-	: :
PHONE: <u>(804)</u> 868-0049 FAX: EMAIL:		ative Contacted (Print):
EIVII NIE.	_	
Category I, III and V Periodic Test Due:	October	
Periodic Inspection Due:	April / October	
	April / October ions / Tests shall be performed the A17.1 code in affect at the ance / Alteration inspection and o service and/or a Certificate of the received by Henrico Court any code violations, they shament is returned to service. Alteration without proper ce	ne time of installation / alteration as d test reports shall be received by of Occupancy will be issued. All aty on or before the last day of the ll be corrected, re-tested, re-inspected l data plates, test tags, seals, etc. shall rtification is a violation of the VA
Periodic Inspection Due: All Acceptance, Alteration and Periodic Inspect of the VA USBC/VCC and VA USBC/VMC, an referenced in the VA USBC. Approved Acceptate Henrico County before the equipment is put into approved Periodic Inspection / Test reports shall inspection month. If the Inspection / Test reveal and approved by the Inspector before the equipment installed at the time of inspection. Operating USBC/VCC and VA USBC/VMC. Failure to all conviction, by a fine of \$2,500.	April / October ions / Tests shall be performed the A17.1 code in affect at the ance / Alteration inspection and o service and/or a Certificate of the received by Henrico Courl any code violations, they shament is returned to service. All gequipment without proper ce bate a code violation of the VA	ne time of installation / alteration as d test reports shall be received by of Occupancy will be issued. All aty on or before the last day of the ll be corrected, re-tested, re-inspected l data plates, test tags, seals, etc. shall rtification is a violation of the VA a USBC may be punished, upon
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Periodic Inspection Due: All Acceptance, Alteration and Periodic Inspect of the VA USBC/VCC and VA USBC/VMC, an referenced in the VA USBC. Approved Acceptate Henrico County before the equipment is put into approved Periodic Inspection / Test reports shall inspection month. If the Inspection / Test reveal and approved by the Inspector before the equipment installed at the time of inspection. Operating USBC/VCC and VA USBC/VMC. Failure to all conviction, by a fine of \$2,500.	April / October ions / Tests shall be performed the A17.1 code in affect at the ance / Alteration inspection and o service and/or a Certificate of the received by Henrico Court any code violations, they shament is returned to service. All gequipment without proper ce bate a code violation of the VA	ne time of installation / alteration as d test reports shall be received by of Occupancy will be issued. All aty on or before the last day of the ll be corrected, re-tested, re-inspected l data plates, test tags, seals, etc. shall rification is a violation of the VA a USBC may be punished, upon
Periodic Inspection Due: All Acceptance, Alteration and Periodic Inspect of the VA USBC/VCC and VA USBC/VMC, an referenced in the VA USBC. Approved Accepta Henrico County before the equipment is put interproved Periodic Inspection / Test reports shall inspection month. If the Inspection / Test reveal and approved by the Inspector before the equipment installed at the time of inspection. Operating USBC/VCC and VA USBC/VMC. Failure to all conviction, by a fine of \$2,500. The	April / October ions / Tests shall be performed the A17.1 code in affect at the ance / Alteration inspection and o service and/or a Certificate of the received by Henrico Court any code violations, they shament is returned to service. All gequipment without proper ce bate a code violation of the VA	ne time of installation / alteration as d test reports shall be received by of Occupancy will be issued. All aty on or before the last day of the ll be corrected, re-tested, re-inspected l data plates, test tags, seals, etc. shall rification is a violation of the VA a USBC may be punished, upon
Periodic Inspection Due: All Acceptance, Alteration and Periodic Inspect of the VA USBC/VCC and VA USBC/VMC, an referenced in the VA USBC. Approved Accepta Henrico County before the equipment is put interproved Periodic Inspection / Test reports shall inspection month. If the Inspection / Test reveal and approved by the Inspector before the equipment installed at the time of inspection. Operating USBC/VCC and VA USBC/VMC. Failure to all conviction, by a fine of \$2,500. The	April / October ions / Tests shall be performed the A17.1 code in affect at the ance / Alteration inspection and o service and/or a Certificate of the received by Henrico Court any code violations, they shament is returned to service. All gequipment without proper ce bate a code violation of the VA	ne time of installation / alteration as d test reports shall be received by of Occupancy will be issued. All aty on or before the last day of the ll be corrected, re-tested, re-inspected l data plates, test tags, seals, etc. shall rtification is a violation of the VA a USBC may be punished, upon



County of Henrico

Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

EASTERN HENRICO RECREATION CENTER 1440 N LABURNUM AVE HENRICO VA 23222

Owner / Agent

Tho

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS AND GROUNDS

P.O. BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@CO.HENRICO.VS.US

Equipment Information

FRONT DESK **Key Location:**

Alarm Status: NONE

ELV2010-01462 Elevator ID #:

Equipment #:

Elevator - Hydraulic **Equipment Type:**

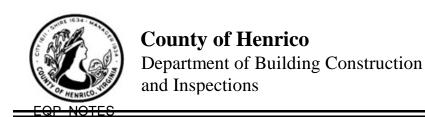
2005 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April April / October **Periodic Inspection Due:**

- mc	performed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

REYNOLDS CROSSING MOB 2 6900 FOREST AVE RICHMOND VA 23230

Owner / Agent

ATTN: LISA HARRIS

FOREST MEDICAL OFFICE BUILDING LLC

6641 W BROAD ST, SUITE 100

RICHMOND VA 23230

PHONE: (804) 267-3600 FAX: (804) 986-4228

EMAIL: SERVICE@REYDEV.COM

Equipment Information	n

Key Location: Alarm Status:

ELV2012-01551 Elevator ID #:

1 Equipment #:

Elevator - Hydraulic Equipment Type:

Code In Effect: 2007

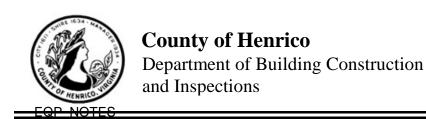
Inspection Agency:	
Inspector Name (Print):	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

REYNOLDS CROSSING MOB 2 6900 FOREST AVE RICHMOND VA 23230

Owner / Agent

ATTN: LISA HARRIS

FOREST MEDICAL OFFICE BUILDING LLC

6641 W BROAD ST, SUITE 100

RICHMOND VA 23230

PHONE: (804) 267-3600 FAX: (804) 986-4228

conviction, by a fine of \$2,500.

The

EMAIL: SERVICE@REYDEV.COM

Equipment Information		4	T 0	4 •
Eduibilient miloi manon	H'MIII	nmont	Intori	motion
	1761111	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		111411011

Key Location: Alarm Status:

Elevator ID #:

ELV2012-01551

2 Equipment #:

Elevator - Hydraulic **Equipment Type:**

Code In Effect: 2007

Inspection Agency:	

Inspector Signature:

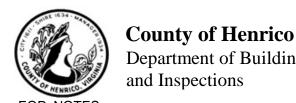
Building Representative Contacted (Print):

nerformed

Inspector Name (Print):

Category I, III and V Periodic Test Due: April **April / October Periodic Inspection Due:**

1	of this equipment has revealed the following conditions:



Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

OLD TUCKAHOE LIBRARY 1700 N PARHAM RD HENRICO VA 23229

Equipment Information

Key Location: Alarm Status:

ELV2012-01554 Elevator ID #:

1 Equipment #:

Elevator - Hydraulic Equipment Type:

Code In Effect: 2009

Owner	/A	gent
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The

ATTN: KLAUS ILLIG

HENRICO COUNTY BUILDINGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: COR05@HENRICO.US

Inspection Agency:	

Inspector Name (Print):

Inspector Signature:

Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location

MINI PRICE WAREHOUSE 4300 W BROAD ST RICHMOND VA 23230

Equipment Information

Key Location: Alarm Status:

ELV2012-01597 Elevator ID #:

1 Equipment #:

Elevator - Hydraulic Equipment Type:

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

2007 **Code In Effect:**

Owner / Agent

ATTN: MELISSA OXENDINE MICHAEL D. SIFEN INC. 2929 SABRE ST. STE 500 VIRGINIA BEACH VA 23452

PHONE: (757) 486-1122 Ext: 1

Building Representative Contacted (Print): FAX: (757) 486-0905

EMAIL: MELISSA.OXENDINE@MINIPRICESTORAGECOM

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

The	performed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location

MINI PRICE WAREHOUSE 4300 W BROAD ST RICHMOND VA 23230

Equipment Information

Key Location: Alarm Status:

ELV2012-01597 Elevator ID #:

2 Equipment #:

Elevator - Hydraulic **Equipment Type:**

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

norformed

2007 **Code In Effect:**

Owner / Agent

Tho

ATTN: MELISSA OXENDINE MICHAEL D. SIFEN INC. 2929 SABRE ST. STE 500 VIRGINIA BEACH VA 23452

PHONE: (757) 486-1122 Ext: 1

Building Representative Contacted (Print): FAX: (757) 486-0905

EMAIL: MELISSA.OXENDINE@MINIPRICESTORAGECOM

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1 IIC	performed
on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

В	uil	din	g]	Location

MINI PRICE WAREHOUSE 4300 W BROAD ST RICHMOND VA 23230

Equipment Information

Key Location: Alarm Status:

ELV2012-01597 Elevator ID #:

3 Equipment #:

Elevator - Hydraulic Equipment Type:

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

nerformed

2007 **Code In Effect:**

Owner / Agent

The

ATTN: MELISSA OXENDINE MICHAEL D. SIFEN INC. 2929 SABRE ST. STE 500 VIRGINIA BEACH VA 23452

PHONE: (757) 486-1122 Ext: 1

Building Representative Contacted (Print): FAX: (757) 486-0905

EMAIL: MELISSA.OXENDINE@MINIPRICESTORAGECOM

Category I, III and V Periodic Test Due: April

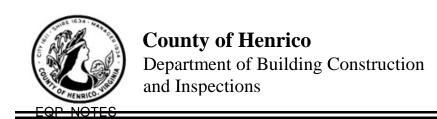
April / October Periodic Inspection Due:

on	of this equipment has revealed the following conditions:

Fax: (804) 501-4984

Building Location	Equipment Informa	<u>tion</u>
MINI PRICE WAREHOUSE 4300 W BROAD ST	Key Location: Alarm Status:	
RICHMOND VA 23230	Elevator ID #:	ELV2012-01597
	Equipment #:	4
	Equipment Type:	Elevator - Hydraulic
	Code In Effect:	2010
Owner / Agent		
ATTN: MELISSA OXENDINE	Inspection Agency:	
MICHAEL D. SIFEN INC. 2929 SABRE ST. STE 500	Inspector Name (Pri	int):
VIRGINIA BEACH VA 23452	_	
	Inspector Signature	:
PHONE: (757) 486-1122 Ext: 1 FAX: (757) 486-0905 FMAIL: MELISSA OVENDINE CAMPURDICESTOR AC		ntive Contacted (Print):
EMAIL: MELISSA.OXENDINE@MINIPRICESTORAG	ECOM	
Category I, III and V Periodic Test Due: April Periodic Inspection Due: April /	October	
All Acceptance, Alteration and Periodic Inspections / Te of the VA USBC/VCC and VA USBC/VMC, and the Al referenced in the VA USBC. Approved Acceptance / Al Henrico County before the equipment is put into service approved Periodic Inspection / Test reports shall be receinspection month. If the Inspection / Test reveal any coand approved by the Inspector before the equipment is rebe installed at the time of inspection. Operating equipmed USBC/VCC and VA USBC/VMC. Failure to abate a coconviction, by a fine of \$2,500.	7.1 code in affect at the teration inspection and and/or a Certificate of ived by Henrico Counde violations, they shall eturned to service. All tent without proper cerde violation of the VA	e time of installation / alteration as a test reports shall be received by f Occupancy will be issued. All ty on or before the last day of the last be corrected, re-tested, re-inspected data plates, test tags, seals, etc. shall tification is a violation of the VA USBC may be punished, upon
The	pe	rformed

on ______ of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

LIBBIE MILL LIBRARY 2100 LIBBIE LAKE EAST ST RICHMOND VA 23230

Owner / Agent

Tho

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: ILL001@HENRICO.US

|--|

Key Location: Alarm Status:

ELV2015-01726 Elevator ID #:

1 Equipment #:

Elevator - Hydraulic **Equipment Type:**

2010 **Code In Effect:**

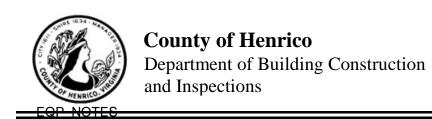
Inspection Agency:	
Inspector Name (Print): _	
Inspector Signature	

Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

	performed			
on	of this equipment has revealed the following conditions:			
-				



Fax: (804) 501-4984

Building Location

LIBBIE MILL LIBRARY 2100 LIBBIE LAKE EAST ST RICHMOND VA 23230

Owner / Agent

The

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: ILL001@HENRICO.US

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	'. U		pm						а		١,	

Key Location:

Alarm Status: Elevator ID #:

Equipment Type:

ELV2015-01726

2 Equipment #:

Elevator - Hydraulic

2010 **Code In Effect:**

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

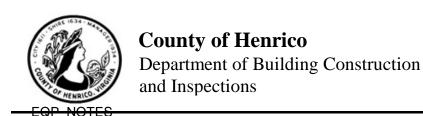
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: October

April / October Periodic Inspection Due:

1	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

B	ui]	ldi	ng	<u>Lo</u>	ca	<u>ti</u>	on	l

VARINA LIBRARY 1875 NEW MARKET RD HENRICO VA 23231

Owner / Agent

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: ILL001@HENRICO.US

Equipment	t Info	ormat	ion

Key Location: Alarm Status:

ELV2015-01741 Elevator ID #:

1 Equipment #:

Elevator - Hydraulic Equipment Type:

2010 **Code In Effect:**

Inspection Agency:	
Inspector Name (Print):	

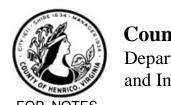
Building Representative Contacted (Print):

Inspector Signature:

October

Category I, III and V Periodic Test Due: **April / October Periodic Inspection Due:**

ı ne	performed
on	of this equipment has revealed the following conditions:



County of Henrico

Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

VARINA LIBRARY 1875 NEW MARKET RD HENRICO VA 23231

Owner / Agent

Tho

ATTN: KLAUS ILLIG

HENRICO COUNTY BLDGS & GROUNDS

PO BOX 90775

HENRICO VA 23273

PHONE: (804) 501-5152 FAX: (804) 501-5372

EMAIL: ILL001@HENRICO.US

Equipment	Information

Key Location:

Alarm Status:

Elevator ID #:

ELV2015-01741

2 Equipment #:

Elevator - Hydraulic Equipment Type:

2010 **Code In Effect:**

Inspection Agency: _	
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Inspector Name (Print):

Inspector Signature:

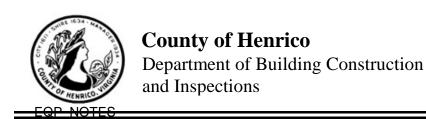
Building Representative Contacted (Print):

norformed

Category I, III and V Periodic Test Due: October

April / October Periodic Inspection Due:

	performed
on	of this equipment has revealed the following conditions:



Fax: (804) 501-4984

Building Location

LIBBIE MILL BLDG B 4900 LIBBIE MILL EAST BLVD RICHMOND VA 23230

Owner / Agent

ATTN: KAREN BUNCH LM OFFICE / RETAIL NORTH LLC 4901 LIBBIE MILL EAST BLVD, UNIT 200 RICHMOND VA 23230

PHONE: (804) 288-0011 FAX: (804) 288-4737

EMAIL: KBUNCH@GUMPROP.COM

Key Location: Alarm Status:

ELV2015-01753 Elevator ID #:

1 Equipment #:

Elevator - Hydraulic Equipment Type:

2010 **Code In Effect:**

Inspection Agency:
Inspector Name (Print):
Inspector Signature:

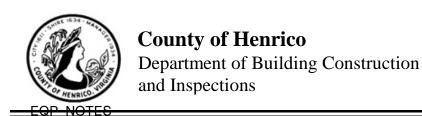
Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due: All Acceptance, Alteration and Periodic Inspections / Tests shall be performed in accordance with the requirements of the VA USBC/VCC and VA USBC/VMC, and the A17.1 code in affect at the time of installation / alteration as

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

ı ne	performed		
on	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

Building Location

WEST BROAD MEDICAL 11934 W BROAD ST HENRICO VA 23233

Owner / Agent

ATTN: NEIL ZEMMEL, MD 11934 W. BROAD LLC 11934 W. BROAD ST. - SUITE 200 HENRICO VA 23233

PHONE: (804) 423-2100

FAX: (804) -

Tho

EMAIL: NEILZEMMEL@MAC.COM

	Equipment	Information
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Key Location: Alarm Status:

ELV2016-01763 Elevator ID #:

1 Equipment #:

Elevator - Traction Equipment Type:

Code In Effect: 2010

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Representative Contacted (Print):

nerformed

Category I, III and V Periodic Test Due: April April / October **Periodic Inspection Due:**

THC	performed			
on	of this equipment has revealed the following conditions:			

Fax: (804) 501-4984

B	uil	lding	<u> L</u>	<u>ocati</u>	on

FOREST MEDICAL MOB 4 6946 FOREST AVE RICHMOND VA 23230

Ŀ	Lqui	pment	Info	rmati	ion
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Key Location: Alarm Status:

ELV2017-01868 Elevator ID #:

1 Equipment #:

Elevator - Hydraulic Equipment Type:

2010 **Code In Effect:**

Owner / Agent

ATTN: LISA HARRIS

REYNOLDS INTERNATIONAL MANAGEMENT

SERVICES

The

6641 W BROAD ST STE 100 RICHMOND VA 23230

PHONE: (804) 267-3636 FAX: (804) 323-9819

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

Building Representative Contacted (Print):

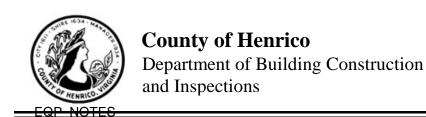
nerformed

EMAIL: SERVICE@REYDEV.COM; LISA@REYDEV.COM

Category I, III and V Periodic Test Due: April

April / October Periodic Inspection Due:

1	of this equipment has revealed the following conditions:		



Fax: (804) 501-4984

<u>Bui</u>	lding	Location

FOREST MEDICAL MOB 4 6946 FOREST AVE RICHMOND VA 23230

Equipment Information

Key Location: Alarm Status:

Elevator ID #:

ELV2017-01868

Equipment #:

Elevator - Hydraulic **Equipment Type:**

2

2010 **Code In Effect:**

Owner / Agent

ATTN: LISA HARRIS

REYNOLDS INTERNATIONAL MANAGEMENT

SERVICES

Tho

6641 W BROAD ST STE 100 RICHMOND VA 23230

PHONE: (804) 267-3636 FAX: (804) 323-9819

Inspection Agency:

Inspector Name (Print):

Inspector Signature: _____

Building Representative Contacted (Print):

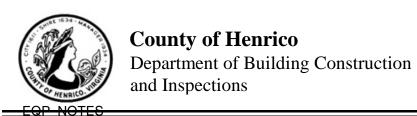
norformed

EMAIL: SERVICE@REYDEV.COM; LISA@REYDEV.COM

Category I, III and V Periodic Test Due: April

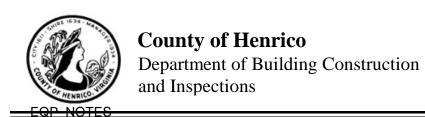
April / October Periodic Inspection Due:

THC	performed		
on	of this equipment has revealed the following conditions:		
		_	
		_	



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

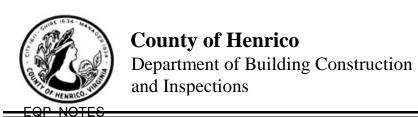
Building Location	Equipment Informa	<u>ation</u>
CUBE SMART SELF STORAGE	Key Location:	
11530 NUCKOLS RD	Alarm Status:	
GLEN ALLEN VA 23059	Elevator ID #:	ELV2017-01869
	Equipment #:	1
	Equipment Type:	Elevator - Hydraulic
	Code In Effect:	2010
Owner / Agent		
ATTN:	Inspection Agency:	
CUBE SMART SELF STORAGE	Inspector Name (Pr	int):
11530 NUCKOLS RD GLEN ALLEN VA 23059	Inspector Name (11	mt)
GEET (TEELT) VII 2303)	Inspector Signature	:
PHONE: (855) 712-9187		
FAX:	Building Representative Contacted (Print):	
EMAIL:	-	
8 1	October April / October	
All Acceptance, Alteration and Periodic Inspection of the VA USBC/VCC and VA USBC/VMC, and referenced in the VA USBC. Approved Acceptar Henrico County before the equipment is put into approved Periodic Inspection / Test reports shall inspection month. If the Inspection / Test reveal	the A17.1 code in affect at the A17.1 code in affect at the nee / Alteration inspection and service and/or a Certificate of the received by Henrico County	ne time of installation / alteration as d test reports shall be received by of Occupancy will be issued. All aty on or before the last day of the
and approved by the Inspection / Test reveal and approved by the Inspector before the equipm be installed at the time of inspection. Operating USBC/VCC and VA USBC/VMC. Failure to abaconviction, by a fine of \$2,500.	ent is returned to service. Al equipment without proper ce	l data plates, test tags, seals, etc. shal rtification is a violation of the VA
The	pe	erformed
on of this	equipment has revealed the	following conditions:



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

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

Building Location	Equipment Informa	<u>ation</u>
CUBE SMART SELF STORAGE	Key Location:	
11530 NUCKOLS RD	Alarm Status:	
GLEN ALLEN VA 23059	Elevator ID #:	ELV2017-01869
	Equipment #:	2
	Equipment Type:	Elevator - Hydraulic
Owner / Agent	Code In Effect:	2010
ATTN:	Inspection Agency:	
CUBE SMART SELF STORAGE 11530 NUCKOLS RD	Inspector Name (Pr	int):
GLEN ALLEN VA 23059	Inspector Signature	:
PHONE: <u>(855) 712-9187</u> FAX: EMAIL:	Building Represents	ative Contacted (Print):
Category I, III and V Periodic Test Due: April Periodic Inspection Due: April All Acceptance, Alteration and Periodic Inspections / Tof the VA USBC/VCC and VA USBC/VMC, and the Apreferenced in the VA USBC. Approved Acceptance / Approved Periodic Inspection / Test reports shall be recompleted in the Inspection / Test reveal any compand approved by the Inspection before the equipment is the installed at the time of inspection. Operating equipment USBC/VCC and VA USBC/VMC. Failure to abate a conviction, by a fine of \$2,500.	/ October Tests shall be performed 17.1 code in affect at the Alteration inspection and the end/or a Certificate of the end/or a Certificate of the end by Henrico Country ode violations, they shall returned to service. Alternet without proper certificates	ne time of installation / alteration as d test reports shall be received by of Occupancy will be issued. All aty on or before the last day of the ll be corrected, re-tested, re-inspected l data plates, test tags, seals, etc. shall retification is a violation of the VA
The	pe	erformed
on of this equip	ment has revealed the	following conditions:



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

Building Location	Equipment Informa	<u>ation</u>
FAISON SCHOOL FOR AUTISM	Key Location:	
1701 BYRD AVE	Alarm Status:	
RICHMOND VA 23230	Elevator ID #:	ELV2017-01871
	Equipment #:	1
	Equipment Type:	Elevator - Traction
Owner / Agent	Code In Effect:	2010
	T	
ATTN: FAISON SCHOOL FOR AUTISM	Inspection Agency:	
1701 BYRD AVE	Inspector Name (Pr	int):
RICHMOND VA 23230	Inspector Signature	:
PHONE: (804) 612-1947	— Duilding Donnegont	ative Contacted (Print)
FAX: EMAIL:		ative Contacted (Print):
EMAL.		
Category I, III and V Periodic Test Due: Periodic Inspection Due:	April / October	
•	•	Lin aggardance with the requirements
All Acceptance, Alteration and Periodic Inspects of the VA USBC/VCC and VA USBC/VMC, and	-	
referenced in the VA USBC. Approved Accepta		
Henrico County before the equipment is put into		- ·
approved Periodic Inspection / Test reports shall		
inspection month. If the Inspection / Test reveal and approved by the Inspector before the equipm		
be installed at the time of inspection. Operating		
USBC/VCC and VA USBC/VMC. Failure to abconviction, by a fine of \$2,500.	ate a code violation of the VA	USBC may be punished, upon
The	pe	erformed
on of this		following conditions:



County of Henrico

Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

BON SECOURS RICHMOND HEALTH **SYSTEMS** 8580 MAGELLAN PKWY RICHMOND VA 23227

Owner / Agent

ATTN: JASON CROWDER

BON SECOURS RICHMOND HEALTH

SYSTEMS PO BOX 5160

GLEN ALLEN VA 23058 PHONE: (804) 697-3496

FAX:

EMAIL: CYNTHIA_DABNEY@BSHSI.ORG

Eq	ui	pment	Infor	mation
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Key Location: Alarm Status:

ELV2018-01904 Elevator ID #:

1 Equipment #:

Elevator - Hydraulic **Equipment Type:**

Code In Effect: 2010

Inspection Agency:
Inspector Name (Print):
Inspector Signature:
Building Depresentative Contacted (Print):

Category I, III and V Periodic Test Due: October **April / October Periodic Inspection Due:**

ı ne	performed		
on	of this equipment has revealed the following conditions:		



County of Henrico

Department of Building Construction and Inspections

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

Fax: (804) 501-4984

Building Location

BON SECOURS RICHMOND HEALTH **SYSTEMS** 8580 MAGELLAN PKWY RICHMOND VA 23227

Owner / Agent

ATTN: JASON CROWDER

BON SECOURS RICHMOND HEALTH

SYSTEMS PO BOX 5160

GLEN ALLEN VA 23058 PHONE: (804) 697-3496

FAX:

EMAIL: CYNTHIA_DABNEY@BSHSI.ORG

Eq	ui	pment	Infor	mation
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Key Location:

Alarm Status:

ELV2018-01904 Elevator ID #:

2 Equipment #:

Elevator - Hydraulic **Equipment Type:**

Code In Effect: 2010

Inspection Agency:	
Inspector Name (Print): _	
Inspector Signature:	

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: October

April / October Periodic Inspection Due:

ı ne	performed		
on	of this equipment has revealed the following conditions:		