



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

EQP NOTES

Building Location

HENRICO COURTHOUSE
4301 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 Information

Key Location: SECURITY CONSOLE
Alarm Status: NONE
Elevator ID #: ELV2001-00101
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1978

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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

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on _____ of this equipment has revealed the following conditions:

(Attach additional sheets as needed.)



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EQP NOTES

Building Location

HENRICO COURTHOUSE
4301 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITY CONSOLE
Alarm Status: NONE
Elevator ID #: ELV2001-00101
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1978

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

Inspection Agency: _____

Inspector Name (Print): _____

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EQP NOTES

Building Location

HENRICO ADMINISTRATION BLDG
4301 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITY CONSOLE
Alarm Status: NONE
Elevator ID #: ELV2001-00102
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1965/2010

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

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

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EQP NOTES

Building Location

HENRICO ADMINISTRATION BLDG
4301 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITY CONSOLE
Alarm Status: NONE
Elevator ID #: ELV2001-00102
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1965

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

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

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EQP NOTES

Building Location

HENRICO ADMINISTRATION BLDG
4301 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITY CONSOLE
Alarm Status: NONE
Elevator ID #: ELV2001-00102
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 1965/2010

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

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

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EQP NOTES

Building Location

HENRICO ADMINISTRATION BLDG
4301 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITY CONSOLE
Alarm Status: NONE
Elevator ID #: ELV2001-00102
Equipment #: 4
Equipment Type: Elevator
Code In Effect: 1965/2010

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: April
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EQP NOTES

Building Location

ADULT DETENTION CENTER
4301 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITRY
Alarm Status: NONE
Elevator ID #: ELV2001-00103
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1965

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO COUNTY BLDGS & GROUNDS
P O 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): _____

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EQP NOTES

Building Location

ADULT DETENTION CENTER
4301 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITRY
Alarm Status: NONE
Elevator ID #: ELV2001-00103
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO COUNTY BLDGS & GROUNDS
P O 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): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

Building Location

ADMINISTRATION ANNEX BLDG.
4301 E PARHAM RD
HENRICO VA 23228

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO COUNTY BLDGS & GROUNDS
P O BOX 90775
HENRICO VA 23273

PHONE: (804) 501-5152
FAX: (804) 501-5372
EMAIL: COR05@HENRICO.US

Equipment Information

Key Location: SECURITY CONSOLE
Alarm Status: NONE
Elevator ID #: ELV2001-00104
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

ADMINISTRATION ANNEX BLDG.
4301 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITY CONSOLE
Alarm Status: NONE
Elevator ID #: ELV2001-00104
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1965

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO COUNTY BLDGS & GROUNDS
P O 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): _____

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

EQP NOTES

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 Information

Key Location: RECPT. DESK
Alarm Status: NOT ALARMED
Elevator ID #: ELV2001-00107
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1981

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

EASTERN GOVERNMENT CENTER
3820 NINE MILE RD
HENRICO VA 23223

Equipment Information

Key Location: CALL RICHARD STRAN
Alarm Status: NONE
Elevator ID #: ELV2001-00109
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1984

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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EQP NOTES

Building Location

EASTERN GOVERNMENT CENTER
3820 NINE MILE RD
HENRICO VA 23223

Equipment Information

Key Location: CALL RICHARD STRAN
Alarm Status: NONE
Elevator ID #: ELV2001-00109
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1984

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

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Fax: (804) 501-4984

EQP NOTES

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

Equipment Information

Key Location: STAFF RM. BY ELEV.
Alarm Status: NOT ALARMED
Elevator ID #: ELV2001-00110
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1981

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

Building Location

HUMAN SERVICES BUILDING
8600 DIXON POWERS DR
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 Information

Key Location: KEYBOX
Alarm Status: NOT ALARMED
Elevator ID #: ELV2001-00111
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1978/2010

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

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

(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

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 Information

Key Location: SECURITY CONSOLE
Alarm Status: NONE
Elevator ID #: ELV2001-00115
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1978/2010

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

PUBLIC SAFETY BUILDING
7721 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITY CONSOLE
Alarm Status: NONE
Elevator ID #: ELV2001-00115
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1978

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

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

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EQP NOTES

Building Location

DOREY PARK RECREATION CENTER
2999 DARBYTOWN RD
HENRICO VA 23221

Equipment Information

Key Location: LOBBY DESK
Alarm Status: NOT ALARMED
Elevator ID #: ELV2001-00117
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1990

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

EQP NOTES

Building Location

HENRICO TRAINING CENTER
7721 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITY
Alarm Status: NONE
Elevator ID #: ELV2001-00118
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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

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

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

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EQP NOTES

Building Location

HENRICO TRAINING CENTER
7721 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITY
Alarm Status: NONE
Elevator ID #: ELV2001-00118
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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EQP NOTES

Building Location

HENRICO COUNTY PARKING DECK
4301 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITY
Alarm Status: NONE
Elevator ID #: ELV2001-00120
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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EQP NOTES

Building Location

HENRICO COUNTY PARKING DECK
4301 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: SECURITY
Alarm Status: NONE
Elevator ID #: ELV2001-00120
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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EQP NOTES

Building Location

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

Equipment Information

Key Location: SECURITY
Alarm Status: NONE
Elevator ID #: ELV2001-00121
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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Fax: (804) 501-4984

EQP. NOTES

Building Location

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

Equipment Information

Key Location: LOBBY
Alarm Status: NONE
Elevator ID #: ELV2001-00222
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1981

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

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

Equipment Information

Key Location: LOBBY
Alarm Status: NONE
Elevator ID #: ELV2001-00222
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1981

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

EQP NOTES

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

Equipment Information

Key Location: LOBBY LOCK BOX
Alarm Status: NONE
Elevator ID #: ELV2001-00223
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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

EQP NOTES

Building Location

BRANDYWINE REALTY TRUST
2812 EMERYWOOD PKWY
HENRICO VA 23229

Owner / Agent

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
Elevator ID #: ELV2001-00225
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1978

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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

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

EQP NOTES

Building Location

MARRIOTT COURTYARD
6400 W BROAD ST
RICHMOND VA 23230

Owner / Agent

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

Equipment Information

Key Location: FRT.DSK\CALL MAINT.
Alarm Status: NONE
Elevator ID #: ELV2001-00231
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1984

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

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

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00232
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1984

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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The _____ performed
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(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

Building Location

CHILD FUND INTERNATIONAL
2821 EMERYWOOD PKWY
HENRICO VA 23229

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00232
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1984

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

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

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00232
Equipment #: 3
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**
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EQP NOTES

Building Location

BB&T
3214 SKIPWITH RD
HENRICO VA 23229

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00234
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

EQP NOTES

Building Location

THE JOYNER BUILDING
2727 ENTERPRISE PKWY
HENRICO VA 23294

Equipment Information

Key Location: KEYBOX @ 1ST.FL.
Alarm Status: NONE
Elevator ID #: ELV2001-00235
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1978

Owner / Agent

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (804) 967-2722

FAX: (804) 967-2770

EMAIL: CHERYL.HAMM@JOYNERFINE PROPERTIES.COM

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

WESTWOOD CLUB
6200 WEST CLUB LA
RICHMOND VA 23226

Equipment Information

Key Location: ENGINEERING
Alarm Status: NONE
Elevator ID #: ELV2001-00295
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Owner / Agent

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

PHONE: (804) 502-3599
FAX: (804) 285-7518
EMAIL: ESHERWOOD@WESTWOODCLUB.NET

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

LIBBIE LAW BUILDING
2201 LIBBIE AV
RICHMOND VA 23226

Equipment Information

Key Location: RECPT. DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00299
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1987

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

EMAIL: JWEAVER@HUTCHENSANDHUTCHENS.COM

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

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

Equipment Information

Key Location: OFFICE
Alarm Status: NONE
Elevator ID #: ELV2001-00308
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1971

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

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

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EQP NOTES

Building Location

MEDICAL OFFICE BUILDING III
7702 E PARHAM RD
HENRICO VA 23294

Equipment Information

Key Location: LOBBY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00384
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1984

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

EQP NOTES

Building Location

MEDICAL OFFICE BUILDING III
7702 E PARHAM RD
HENRICO VA 23294

Equipment Information

Key Location: LOBBY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00384
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1984

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

MEDICAL OFFICE BUILDING III
7702 E PARHAM RD
HENRICO VA 23294

Equipment Information

Key Location: LOBBY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00384
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 1984

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

MEDICAL OFFICE BUILDING III
7702 E PARHAM RD
HENRICO VA 23294

Equipment Information

Key Location: LOBBY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00384
Equipment #: 4
Equipment Type: Elevator
Code In Effect: 1984

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

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

Equipment Information

Key Location: MAINT. SHOP
Alarm Status: NONE
Elevator ID #: ELV2001-00385
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1971

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

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

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EQP NOTES

Building Location

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

Equipment Information

Key Location: MAINT. SHOP
Alarm Status: NONE
Elevator ID #: ELV2001-00385
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1971

Owner / Agent

ATTN: JEFF FERGUSON
HCA/PARHAM DOCTORS HOSPITAL
7700 E. PARHAM RD.
HENRICO VA 23294

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (804) 747-5640

FAX: (804) 527-5940

EMAIL: DWIGHT.MCKEE@HCAHEALTHCARE.COM

Building Representative Contacted (Print): _____

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Building Location

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

Equipment Information

Key Location: MAINT. SHOP
Alarm Status: NONE
Elevator ID #: ELV2001-00385
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 1971

Owner / Agent

ATTN: JEFF FERGUSON
HCA/PARHAM DOCTORS HOSPITAL
7700 E. PARHAM RD.
HENRICO VA 23294

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (804) 747-5640
FAX: (804) 527-5940
EMAIL: DWIGHT.MCKEE@HCAHEALTHCARE.COM

Building Representative Contacted (Print): _____

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

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

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

(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

Building Location

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

Equipment Information

Key Location: MAINT. SHOP
Alarm Status: NONE
Elevator ID #: ELV2001-00385
Equipment #: 4
Equipment Type: Elevator
Code In Effect: 1971

Owner / Agent

ATTN: JEFF FERGUSON
HCA/PARHAM DOCTORS HOSPITAL
7700 E. PARHAM RD.
HENRICO VA 23294

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (804) 747-5640
FAX: (804) 527-5940
EMAIL: DWIGHT.MCKEE@HCAHEALTHCARE.COM

Building Representative Contacted (Print): _____

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

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

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

Emergency Room

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
Elevator ID #: ELV2001-00385
Equipment #: 5
Equipment Type: Elevator - Hydraulic
Code In Effect: 1996

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

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

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EQP NOTES

Building Location

MEDICAL OFFICE BUILDING 1
7660 E PARHAM RD
HENRICO VA 23229

Equipment Information

Key Location: MAINT SHOP
Alarm Status: NONE
Elevator ID #: ELV2001-00386
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1981

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

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

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

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EQP NOTES

Building Location

MEDICAL OFFICE BUILDING 1
7660 E PARHAM RD
HENRICO VA 23229

Equipment Information

Key Location: MAINT SHOP
Alarm Status: NONE
Elevator ID #: ELV2001-00386
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1981

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

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

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

HENRICO FCU
9401 W BROAD ST
HENRICO VA 23229

Owner / Agent

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

Equipment Information

Key Location: FRT.DSK. P.COLEMAN
Alarm Status: NONE
Elevator ID #: ELV2001-00388
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1984

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

MEDICAL OFFICE BUILDING II
7650 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: MAINT. SHOP
Alarm Status: NONE
Elevator ID #: ELV2001-00389
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1990

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

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

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

MEDICAL OFFICE BUILDING II
7650 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: MAINT. SHOP
Alarm Status: NONE
Elevator ID #: ELV2001-00389
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1990

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

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

PARHAM PARK SENIORS APARTMENTS
7600 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location:
Alarm Status: NONE
Elevator ID #: ELV2001-00391
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Owner / Agent

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

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

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

EQP NOTES

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

Equipment Information

Key Location: SECURITY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00399
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 2004

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

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

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

Equipment Information

Key Location: SECURITY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00399
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 2004

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

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Fax: (804) 501-4984

EQP NOTES

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

Equipment Information

Key Location: SECURITY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00399
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 2004

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

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EQP NOTES

Building Location

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2221 EDWARD HOLLAND DR
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CBRE
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: 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): _____

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

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EQP NOTES

Building Location

KINDRED HOSPITAL RICHMOND
2220 EDWARD HOLLAND DR
RICHMOND VA 23230

Equipment Information

Key Location: MAINT. DEPT.
Alarm Status: NONE
Elevator ID #: ELV2001-00400
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1984

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

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

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EQP NOTES

Building Location

KINDRED HOSPITAL RICHMOND
2220 EDWARD HOLLAND DR
RICHMOND VA 23230

Equipment Information

Key Location: MAINT. DEPT.
Alarm Status: NONE
Elevator ID #: ELV2001-00400
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1984

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

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

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

(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

Building Location

KINDRED HOSPITAL RICHMOND
2220 EDWARD HOLLAND DR
RICHMOND VA 23230

Equipment Information

Key Location: MAINT. DEPT.
Alarm Status: NONE
Elevator ID #: ELV2001-00400
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 1984

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

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

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

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EQP NOTES

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.BARTLES@KMHOTELS.COM

Equipment Information

Key Location: LOBBY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00401
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

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

Equipment Information

Key Location: LOBBY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00401
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

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.BARTLES@KMHOTELS.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

EQP NOTES

Building Location

UKROPS
2001 MAYWILL ST
RICHMOND VA 23230

Equipment Information

Key Location: SERVICE DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00405
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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**
Periodic Inspection Due: **April / October**

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EQP NOTES

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

Key Location: SERVICE DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00405
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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Fax: (804) 501-4984

EQP NOTES

Building Location

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

Equipment Information

Key Location: FRONT DESK
Alarm Status: NOT ALARMED
Elevator ID #: ELV2001-00475
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1981/2010

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

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

Equipment Information

Key Location: FRONT DESK
Alarm Status: NOT ALARMED
Elevator ID #: ELV2001-00475
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1981/2010

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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EQP NOTES

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
Elevator ID #: ELV2001-00480
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1981

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

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
Elevator ID #: ELV2001-00480
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1981

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

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
Elevator ID #: ELV2001-00480
Equipment #: 3
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
Periodic Inspection Due: April / October

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EQP NOTES

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
Elevator ID #: ELV2001-00480
Equipment #: 4
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
Periodic Inspection Due: April / October

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EQP NOTES

Building Location

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

Owner / Agent

ATTN: JEFF MERKLE
HEALTHCARE REALTY SERVICES INC.
5875 BREMO RD.
RICHMOND VA 23226

PHONE: (804) 282-5391
FAX: (804) 282-5397
EMAIL: JMERKLE@HEALTHCAREREALTY.COM

Equipment Information

Key Location: ENG. OFFICE
Alarm Status: NONE
Elevator ID #: ELV2001-00548
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

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

Equipment Information

Key Location: ENG. OFFICE
Alarm Status: NONE
Elevator ID #: ELV2001-00548
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

Owner / Agent

ATTN: JEFF MERKLE
HEALTHCARE 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
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EQP NOTES

Building Location

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

Equipment Information

Key Location: ENG. OFFICE
Alarm Status: NONE
Elevator ID #: ELV2001-00548
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 1993

Owner / Agent

ATTN: JEFF MERKLE
HEALTHCARE 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): _____

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

(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

Building Location

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

Equipment Information

Key Location: ENG. OFFICE
Alarm Status: NONE
Elevator ID #: ELV2001-00548
Equipment #: 4
Equipment Type: Elevator
Code In Effect: 1993

Owner / Agent

ATTN: JEFF MERKLE
HEALTHCARE 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
Periodic Inspection Due: April / October

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Fax: (804) 501-4984

EQP NOTES

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
Elevator ID #: ELV2001-00549
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1987

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

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
Elevator ID #: ELV2001-00549
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1987

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

Building Location

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

Equipment Information

Key Location: MAINT.
Alarm Status: NONE
Elevator ID #: ELV2001-00549
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 1993

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: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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Building Location

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5901 BREMO RD
RICHMOND VA 23226

Owner / Agent

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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
Elevator ID #: ELV2001-00549
Equipment #: 4
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

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 #: 1
Equipment Type: Elevator - Traction
Code In Effect: 1965

Owner / Agent

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): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

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 #: 2
Equipment Type: Elevator - Traction
Code In Effect: 1965

Owner / Agent

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: _____

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EQP NOTES

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 #: 3
Equipment Type: Elevator - Traction
Code In Effect: 1965

Owner / Agent

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

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EQP NOTES

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

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): _____

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EQP NOTES

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
Elevator ID #: ELV2001-00551
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

Building Location

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

Equipment Information

Key Location: ENG. OFFICE
Alarm Status: NONE
Elevator ID #: ELV2001-00551
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

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: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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EQP NOTES

Building Location

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5801 BREMO RD
RICHMOND VA 23226

Equipment Information

Key Location: ENG. OFFICE
Alarm Status: NONE
Elevator ID #: ELV2001-00551
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 1993

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

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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
Elevator ID #: ELV2001-00551
Equipment #: 4
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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Building Location

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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
Elevator ID #: ELV2001-00551
Equipment #: 5
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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

(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

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
Elevator ID #: ELV2001-00551
Equipment #: 6
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

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

Equipment Information

Key Location: ENG. OFFICE
Alarm Status: NONE
Elevator ID #: ELV2001-00551
Equipment #: 7
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

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

Equipment Information

Key Location: ENG. OFFICE
Alarm Status: NONE
Elevator ID #: ELV2001-00551
Equipment #: 8
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

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
Elevator ID #: ELV2001-00551
Equipment #: 11
Equipment Type: Dumbwaiter
Code In Effect: 1987

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

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EQP NOTES

Building Location

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RICHMOND VA 23226

Owner / Agent

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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
Elevator ID #: ELV2001-00551
Equipment #: 12
Equipment Type: Elevator
Code In Effect: 1987

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

Building Location

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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
Elevator ID #: ELV2001-00551
Equipment #: 13
Equipment Type: Elevator
Code In Effect: 1987

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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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
Elevator ID #: ELV2001-00551
Equipment #: 14
Equipment Type: Dumbwaiter
Code In Effect: 1965

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

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
Elevator ID #: ELV2001-00551
Equipment #: 15
Equipment Type: Dumbwaiter
Code In Effect: 1965

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

EQP NOTES

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
Elevator ID #: ELV2001-00551
Equipment #: 16
Equipment Type: Elevator - Traction
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

Building Location

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

Owner / Agent

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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
Elevator ID #: ELV2001-00551
Equipment #: 17
Equipment Type: Elevator - Traction
Code In Effect: 1993

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

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EQP NOTES

Building Location

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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
Elevator ID #: ELV2001-00551
Equipment #: 18
Equipment Type: Elevator - Traction
Code In Effect: 1993

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

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EQP NOTES

Building Location

COMBONI MISSION
1307 LAKESIDE AV
HENRICO VA 23228

Equipment Information

Key Location: SISTERS
Alarm Status: NONE
Elevator ID #: ELV2001-00603
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Owner / Agent

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

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

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

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EQP NOTES

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

Equipment Information

Key Location: LOBBY DESK.
Alarm Status: NONE
Elevator ID #: ELV2001-00615
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1978

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

Building Location

RICHMOND AIRPORT HOTEL
5300 AIRPORT SQUARE LN
SANDSTON VA 23150

Equipment Information

Key Location: LOBBY DESK.
Alarm Status: NONE
Elevator ID #: ELV2001-00615
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1978

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

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

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

(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

Building Location

ARMSTRONG HIGH SCHOOL
2300 COOL LA
RICHMOND VA 23223

Equipment Information

Key Location: SCHOOL OFFICE
Alarm Status: NONE
Elevator ID #: ELV2001-00624
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Owner / Agent

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

PHONE: (804) 780-6246
FAX: (804) 780-6120
EMAIL: _____

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

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 Information

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): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

MARRIOTT HOTEL
5400 WILLIAMSBURG RD
SANDSTON VA 23150

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00636
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

MARRIOTT HOTEL
5400 WILLIAMSBURG RD
SANDSTON VA 23150

Owner / Agent

ATTN: DUNCAN OBURO
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
Elevator ID #: ELV2001-00636
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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

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Fax: (804) 501-4984

EQP NOTES

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

Key Location: SEE MAINT.
Alarm Status: NONE
Elevator ID #: ELV2001-00718
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

ARRINGTON BUILDING
1802 BAYBERRY CT
RICHMOND VA 23226

Equipment Information

Key Location: SEE MAINT.
Alarm Status: NONE
Elevator ID #: ELV2001-00718
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

ARRINGTON BUILDING
1802 BAYBERRY CT
RICHMOND VA 23226

Equipment Information

Key Location: SEE MAINT.
Alarm Status: NONE
Elevator ID #: ELV2001-00718
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

CAPSTONE OFFICE BLDG
7100 FOREST AVE
RICHMOND VA 23226

Equipment Information

Key Location: SEE MAINT
Alarm Status: NONE
Elevator ID #: ELV2001-00724
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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Department of Building Construction
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Henrico, VA 23273-0775
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Fax: (804) 501-4984

EQP NOTES

Building Location

CAPSTONE OFFICE BLDG
7100 FOREST AVE
RICHMOND VA 23226

Equipment Information

Key Location: SEE MAINT
Alarm Status: NONE
Elevator ID #: ELV2001-00724
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

EQP NOTES

Building Location

OFFICES AT PARHAM & PATTERSON
8545 PATTERSON AV
HENRICO VA 23229

Equipment Information

Key Location: 2ND.FL.W.S.LOGAN
Alarm Status: NONE
Elevator ID #: ELV2001-00807
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1971

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

REGENCY INN
1500 Eastridge Rd
Henrico VA 23229

Equipment Information

Key Location: ENGRS. OFFICE
Alarm Status: NONE
Elevator ID #: ELV2001-00815
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1965

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

RIVER ROAD S\C
6243 RIVER RD
HENRICO VA 23233

Owner / Agent

ATTN: KATIE JONES
CBRE-RICHMOND
P O BOX 13470
RICHMOND VA 23225

PHONE: (804) 320-5500
FAX: (804) 320-4839
EMAIL: KATIE.JONES@CBRE.COM

Equipment Information

Key Location: BOX @ OUTSIDE
Alarm Status: NONE
Elevator ID #: ELV2001-00826
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

ONE COLONIAL PLACE
10571 TELEGRAPH RD
GLEN ALLEN VA 23060

Equipment Information

Key Location: BLDG.ENGR. AT SITE
Alarm Status: NONE
Elevator ID #: ELV2001-00837
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

COUNTY OF HENRICO
1400 BEST PLAZA
RICHMOND VA 23227

Equipment Information

Key Location: SECURITY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00855
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1988

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO CO. BLDGS. & 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): _____

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

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

(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

Building Location

COUNTY OF HENRICO
1400 BEST PLAZA
RICHMOND VA 23227

Equipment Information

Key Location: SECURITY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00855
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1988

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO CO. BLDGS. & 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): _____

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

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

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EQP NOTES

Building Location

COUNTY OF HENRICO
1400 BEST PLAZA
RICHMOND VA 23227

Equipment Information

Key Location: SECURITY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00855
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 1988

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO CO. BLDGS. & 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): _____

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

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EQP NOTES

Building Location

COUNTY OF HENRICO
1400 BEST PLAZA
RICHMOND VA 23227

Equipment Information

Key Location: SECURITY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00855
Equipment #: 4
Equipment Type: Elevator
Code In Effect: 1988

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO CO. BLDGS. & 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): _____

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

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EQP NOTES

Building Location

COUNTY OF HENRICO
1400 BEST PLAZA
RICHMOND VA 23227

Equipment Information

Key Location: SECURITY DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00855
Equipment #: 5
Equipment Type: Elevator
Code In Effect: 1988

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO CO. BLDGS. & 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): _____

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

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Fax: (804) 501-4984

EQP NOTES

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
Elevator ID #: ELV2001-00856
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

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
Elevator ID #: ELV2001-00856
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

AMERISOURCE BERGEN
9900 JEB STUART PKWY
GLEN ALLEN VA 23060

Owner / Agent

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
Elevator ID #: ELV2001-00858
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1990

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

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

Equipment Information

Key Location: BOX ON M.R.DOOR
Alarm Status: NONE
Elevator ID #: ELV2001-00885
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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

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

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

EQP NOTES

Building Location

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

Equipment Information

Key Location: BOX ON M.R.DOOR
Alarm Status: NONE
Elevator ID #: ELV2001-00885
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

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

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

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

EQP NOTES

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
Elevator ID #: ELV2001-00888
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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

EQP NOTES

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
Elevator ID #: ELV2001-00888
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

WATERFRONT PLAZA
4401 WATERFRONT DR
GLEN ALLEN VA 23060

Equipment Information

Key Location: LOCK BOX
Alarm Status: NONE
Elevator ID #: ELV2001-00899
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1984

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

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

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EQP NOTES

Building Location

WESTERRE I OFFICE BUILDING
3951 WESTERRE PKWY
GLEN ALLEN VA 23060

Equipment Information

Key Location: 1ST/FL. FIRE BOX
Alarm Status: NONE
Elevator ID #: ELV2001-00924
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1987

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

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

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EQP NOTES

Building Location

WESTERRE I OFFICE BUILDING
3951 WESTERRE PKWY
GLEN ALLEN VA 23060

Equipment Information

Key Location: 1ST/FL. FIRE BOX
Alarm Status: NONE
Elevator ID #: ELV2001-00924
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1987

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

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

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

(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP. NOTES

Building Location

FORTY EIGHT HUNDRED BUILDING
4800 COX RD
GLEN ALLEN VA 23060

Equipment Information

Key Location: FIRE CAB. @ 1ST\FL
Alarm Status: NONE
Elevator ID #: ELV2001-00926
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1987

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP. NOTES

Building Location

FORTY EIGHT HUNDRED BUILDING
4800 COX RD
GLEN ALLEN VA 23060

Equipment Information

Key Location: FIRE CAB. @ 1ST\FL
Alarm Status: NONE
Elevator ID #: ELV2001-00926
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1987

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

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Category I, III and V Periodic Test Due: **October**
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EQP NOTES

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 #: 1
Equipment Type: Elevator
Code In Effect: 1987

Owner / Agent

ATTN: ALEX CROUCH
COMMONWEALTH COMMERCIAL
PO BOX 71150
RICHMOND VA 23255

PHONE: (804) 346-4966 Ext: 333
FAX: (804) 346-5901
EMAIL: ACROUCH@COMMONWEALTHCOMMERCIAL.CO

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

DEEP RUN I
9950 MAYLAND DR
HENRICO VA 23233

Owner / Agent

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

PHONE: (804) 527-4013

FAX: () -

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

Equipment Information

Key Location: ENGR. OFFICE
Alarm Status: !!!!!ALARMED!!!!!!!
Elevator ID #: ELV2001-00933
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1984/2010

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

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Building Location

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9950 MAYLAND DR
HENRICO VA 23233

Owner / Agent

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DEEP RUN SPE, LLC
9550 MAYLAND DR.
HENRICO VA 23233

PHONE: (804) 527-4013

FAX: () -

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

Equipment Information

Key Location: ENGR. OFFICE
Alarm Status: !!!!!ALARMED!!!!!!!
Elevator ID #: ELV2001-00933
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1984/2010

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

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EQP NOTES

Building Location

DEEP RUN I
9950 MAYLAND DR
HENRICO VA 23233

Equipment Information

Key Location: ENGR. OFFICE
Alarm Status: !!!!!ALARMED!!!!!!!
Elevator ID #: ELV2001-00933
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 1984/2010

Owner / Agent

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

PHONE: (804) 527-4013

FAX: () -

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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EQP NOTES

Building Location

DEEP RUN I
9950 MAYLAND DR
HENRICO VA 23233

Equipment Information

Key Location: ENGR. OFFICE
Alarm Status: !!!!!ALARMED!!!!!!!
Elevator ID #: ELV2001-00933
Equipment #: 4
Equipment Type: Elevator
Code In Effect: 1984/2010

Owner / Agent

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

PHONE: (804) 527-4013

FAX: () -

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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EQP NOTES

Building Location

DEEP RUN I
9950 MAYLAND DR
HENRICO VA 23233

Equipment Information

Key Location: ENGR. OFFICE
Alarm Status: !!!!!ALARMED!!!!!!!
Elevator ID #: ELV2001-00933
Equipment #: 5
Equipment Type: Elevator
Code In Effect: 1984/2010

Owner / Agent

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

PHONE: (804) 527-4013

FAX: () -

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

Building Location

DEEP RUN I
9950 MAYLAND DR
HENRICO VA 23233

Equipment Information

Key Location: ENGR. OFFICE
Alarm Status: !!!!!ALARMED!!!!!!!
Elevator ID #: ELV2001-00933
Equipment #: 6
Equipment Type: Elevator
Code In Effect: 1984/2010

Owner / Agent

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

PHONE: (804) 527-4013

FAX: () -

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

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

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EQP NOTES

Building Location

DEEP RUN I
9950 MAYLAND DR
HENRICO VA 23233

Equipment Information

Key Location: ENGR. OFFICE
Alarm Status: !!!!!ALARMED!!!!!!!
Elevator ID #: ELV2001-00933
Equipment #: 7
Equipment Type: Elevator
Code In Effect: 1984/2010

Owner / Agent

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

PHONE: (804) 527-4013

FAX: () -

EMAIL: RAFAEL@CORPORATEFACILITIESGROUP.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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EQP NOTES

Building Location

THE PERIMETER CENTER
9960 MAYLAND DR
HENRICO VA 23233

Equipment Information

Key Location: ENGINEERS OFFICE
Alarm Status: !!!!! ALARMED !!!!!
Elevator ID #: ELV2001-00939
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1987

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

THE PERIMETER CENTER
9960 MAYLAND DR
HENRICO VA 23233

Equipment Information

Key Location: ENGINEERS OFFICE
Alarm Status: !!!!! ALARMED !!!!!
Elevator ID #: ELV2001-00939
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1987

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

THE PERIMETER CENTER
9960 MAYLAND DR
HENRICO VA 23233

Equipment Information

Key Location: ENGINEERS OFFICE
Alarm Status: !!!!! ALARMED !!!!!
Elevator ID #: ELV2001-00939
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 1987

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

Inspection Agency: _____

Inspector Name (Print): _____

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EQP NOTES

Building Location

THE PERIMETER CENTER
9960 MAYLAND DR
HENRICO VA 23233

Equipment Information

Key Location: ENGINEERS OFFICE
Alarm Status: !!!!! ALARMED !!!!!
Elevator ID #: ELV2001-00939
Equipment #: 4
Equipment Type: Elevator
Code In Effect: 1987

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: () -
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Inspection Agency: _____

Inspector Name (Print): _____

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Building Representative Contacted (Print):

Category I, III and V Periodic Test Due: **October**
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The _____ performed
on _____ of this equipment has revealed the following conditions:

(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

Building Location

THE PERIMETER CENTER
9960 MAYLAND DR
HENRICO VA 23233

Equipment Information

Key Location: ENGINEERS OFFICE
Alarm Status: !!!!! ALARMED !!!!!
Elevator ID #: ELV2001-00939
Equipment #: 5
Equipment Type: Elevator
Code In Effect: 1987

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

RIDGEFIELD MEDICAL BUILDING
2200 PUMP RD
HENRICO VA 23233

Equipment Information

Key Location: 2ND.FL.\ RM.205
Alarm Status: NONE
Elevator ID #: ELV2001-00941
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1987

Owner / Agent

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

WEST SHORE II BUILDING
201 CONCOURSE BLVD
GLEN ALLEN VA 23060

Equipment Information

Key Location: M.R. DOOR
Alarm Status: NONE
Elevator ID #: ELV2001-00943
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

CAR/MAX
11090 W BROAD ST
GLEN ALLEN VA 23060

Owner / Agent

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
Elevator ID #: ELV2001-00954
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1987

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

VIRGINIA MUTUAL BUILDING
4480 COX RD
GLEN ALLEN VA 23060

Equipment Information

Key Location: 3RD.FL.\VA.MUTUAL RC
Alarm Status: NONE
Elevator ID #: ELV2001-00956
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

EQP NOTES

Building Location

VIRGINIA MUTUAL BUILDING
4480 COX RD
GLEN ALLEN VA 23060

Equipment Information

Key Location: 3RD.FL.\VA.MUTUAL RC
Alarm Status: NONE
Elevator ID #: ELV2001-00956
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

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

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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Fax: (804) 501-4984

EQP NOTES

Building Location

GAYTON BAPTIST CHURCH
13501 N GAYTON RD
HENRICO VA 23233

Owner / Agent

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

Equipment Information

Key Location: OFFICE
Alarm Status: NONE
Elevator ID #: ELV2001-00959
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1987

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

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
Elevator ID #: ELV2001-00961
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

EQP NOTES

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
Elevator ID #: ELV2001-00961
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

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
Elevator ID #: ELV2001-00961
Equipment #: 3
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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EQP NOTES

Building Location

LAKEBROOK COMMONS
4851 LAKE BROOK DR
GLEN ALLEN VA 23060

Equipment Information

Key Location: LOCK BOX
Alarm Status: NONE
Elevator ID #: ELV2001-00964
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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**
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EQP NOTES

Building Location

WESTEERE II OFFICE BUILDING
3957 WESTERRE PKWY
RICHMOND VA 23233

Equipment Information

Key Location: 1ST/FL. FIRE BOX
Alarm Status: NONE
Elevator ID #: ELV2001-00969
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

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

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

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EQP NOTES

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 Information

Key Location: 1ST/FL. FIRE BOX
Alarm Status: NONE
Elevator ID #: ELV2001-00969
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

CANDLEWOOD SUITES
4120 BROOKRIVER DR
GLEN ALLEN VA 23259

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2001-00990
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Owner / Agent

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

PHONE: (804) 364-2000
FAX: (804) 364-8701
EMAIL: CNDLRICHMOND@GENERATIONCOMPANIES.COI

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

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The _____ performed
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(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

Building Location

NEW BRIDGE BAPTIST CHURCH
5701 ELKO RD
SANDSTON VA 23150

Owner / Agent

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 Information

Key Location: SEE MAINT.
Alarm Status: NONE
Elevator ID #: ELV2002-01000
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

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

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EQP NOTES

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

Equipment Information

Key Location: CHURCH OFFICE
Alarm Status: NONE
Elevator ID #: ELV2002-01007
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

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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

Equipment Information

Key Location: CHURCH OFFICE
Alarm Status: NONE
Elevator ID #: ELV2002-01007
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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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

Equipment Information

Key Location: CHURCH OFFICE
Alarm Status: NONE
Elevator ID #: ELV2002-01007
Equipment #: 3
Equipment Type: Elevator - Hydraulic
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

ECONOMIC DEVELOPMENT BUILDING
4300 E PARHAM RD
HENRICO VA 23228

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2002-01024
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 1993

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

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

ROSLYN DINING HALL
8727 RIVER RD
RICHMOND VA 23229

Owner / Agent

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

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2002-01026
Equipment #: 1
Equipment Type: Dumbwaiter
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 / April

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EQP NOTES

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 #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 1993

Owner / Agent

ATTN: LEONARD WILKERSON
CHESTNUT GROVE LP
9010 WOODMAN RD
HENRICO VA 23228

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (804) 262-7333

FAX: (804) 377-7400

EMAIL: LWILKINSON@CHESTNUTGROVELIVING.COM

Building Representative Contacted (Print): _____

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

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EQP NOTES

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

ATTN: LEONARD WILKERSON
CHESTNUT GROVE LP
9010 WOODMAN RD
HENRICO VA 23228

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (804) 262-7333

FAX: (804) 377-7400

EMAIL: LWILKINSON@CHESTNUTGROVELIVING.COM

Building Representative Contacted (Print): _____

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EQP NOTES

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
Code In Effect: 1993

Owner / Agent

ATTN: LEONARD WILKERSON
CHESTNUT GROVE LP
9010 WOODMAN RD
HENRICO VA 23228

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (804) 262-7333

FAX: (804) 377-7400

EMAIL: LWILKINSON@CHESTNUTGROVELIVING.COM

Building Representative Contacted (Print): _____

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EQP NOTES

Building Location

JEWISH COMMUNITY CENTER
5403 MONUMENT AVE
RICHMOND VA 23226

Equipment Information

Key Location: RECPT. DESK
Alarm Status: NONE
Elevator ID #: ELV2003-01107
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 1993

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

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

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EQP NOTES

Building Location

CARTER WOODS SENIOR APTS
301 DABBS HOUSE RD
RICHMOND VA 23223

Equipment Information

Key Location: MAINT.
Alarm Status: NONE
Elevator ID #: ELV2004-01139
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Owner / Agent

ATTN: CANDACE BURNETT
RICHMOND AFFORDABLE HOUSING
301 DABBS HOUSE RD
RICHMOND VA 23223

PHONE: (804) 222-4395
FAX: (804) 222-4398
EMAIL: CBURNETT@BETTERHOUSINGCOALITION.ORG

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: **October**
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EQP NOTES

Building Location

CARTER WOODS SENIOR APTS
301 DABBS HOUSE RD
RICHMOND VA 23223

Equipment Information

Key Location: MAINT.
Alarm Status: NONE
Elevator ID #: ELV2004-01139
Equipment #: 2
Equipment Type: Elevator
Code In Effect: 1996

Owner / Agent

ATTN: CANDACE BURNETT
RICHMOND AFFORDABLE HOUSING
301 DABBS HOUSE RD
RICHMOND VA 23223

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (804) 222-4395

FAX: (804) 222-4398

EMAIL: CBURNETT@BETTERHOUSINGCOALITION.ORG

Building Representative Contacted (Print): _____

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EQP NOTES

Building Location

ST MARY'S MOB NW
1501 MAPLE AVE
RICHMOND, VA 23226

Owner / Agent

ATTN: JMERKLE
HEALTHCARE REALTY SERVICES INC.
5875 BREMO RD.
RICHMOND, VA 23226

PHONE: (804) 282-5391
FAX: (804) 282-5397
EMAIL: JMERKLE@HEALTHCAREREALTY.COM

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2004-01152
Equipment #: 1
Equipment Type: Elevator - Traction
Code In Effect: 1996

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

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EQP NOTES

Building Location

ST MARY'S MOB NW
1501 MAPLE AVE
RICHMOND, VA 23226

Owner / Agent

ATTN: JMERKLE
HEALTHCARE REALTY SERVICES INC.
5875 BREMO RD.
RICHMOND, VA 23226

PHONE: (804) 282-5391
FAX: (804) 282-5397
EMAIL: JMERKLE@HEALTHCAREREALTY.COM

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2004-01152
Equipment #: 2
Equipment Type: Elevator - Traction
Code In Effect: 1996

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

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

(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP. NOTES

Building Location

DEEP RUN RECREATION CENTER
9900 RIDGEFIELD PKWY
HENRICO VA 23233

Owner / Agent

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

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): _____

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

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Fax: (804) 501-4984

EQP NOTES

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

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2005-01174
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 1993

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

WALKERTON TAVERN
2892 MOUNTAIN RD
GLEN ALLEN VA 23060

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2005-01185
Equipment #: 1
Equipment Type: Elevator
Code In Effect: 1993

Owner / Agent

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

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

TUCKAHOE LIBRARY
1901 STARLING DR
HENRICO VA 23229

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2005-01193
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 1996

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO COUNTY BLDGS & GROUNDS
P O BOX 90775
HENRICO VA 23273

PHONE: (804) 501-5152
FAX: (804) 501-5372
EMAIL: ILL001@HENRICO.US

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

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EQP NOTES

Building Location

TUCKAHOE LIBRARY
1901 STARLING DR
HENRICO VA 23229

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2005-01193
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 1996

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO COUNTY BLDGS & GROUNDS
P O BOX 90775
HENRICO VA 23273

PHONE: (804) 501-5152
FAX: (804) 501-5372
EMAIL: ILL001@HENRICO.US

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

EQP NOTES

Building Location

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

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2006-01201
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 1996

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

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EQP NOTES

Building Location

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

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2006-01212
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 1996

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO COUNTY BLDGS & 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):

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

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EQP NOTES

Building Location

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

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2006-01212
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 1996

Owner / Agent

ATTN: KLAUS ILLIG
HENRICO COUNTY BLDGS & 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): _____

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

EQP NOTES

Building Location

HICKORY PARK BLDG H
5300 HICKORY PARK DR
GLEN ALLEN VA 23059

Equipment Information

Key Location: KEYBOX
Alarm Status: NONE
Elevator ID #: ELV2006-01235
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2000

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: _____

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

HENRICO THEATRE
305 E NINE MILE RD
HENRICO VA 23075

Equipment Information

Key Location: DESK
Alarm Status: NONE
Elevator ID #: ELV2007-01274
Equipment #: 1
Equipment Type: Elevator - Hydraulic
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): _____

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

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Fax: (804) 501-4984

EQP NOTES

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
Elevator ID #: ELV2008-01351
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2000

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

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

Equipment Information

Key Location: KEYBOX
Alarm Status: NONE
Elevator ID #: ELV2008-01356
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2000

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

BROOK RUN SENIOR APTS
6000 BROOK RD
RICHMOND VA 23227

Equipment Information

Key Location: MAINT.
Alarm Status: NONE
Elevator ID #: ELV2008-01367
Equipment #: 1
Equipment Type: Elevator - Traction
Code In Effect: 2005/2006

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

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

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EQP NOTES

Building Location

BROOK RUN SENIOR APTS
6000 BROOK RD
RICHMOND VA 23227

Equipment Information

Key Location: MAINT.
Alarm Status: NONE
Elevator ID #: ELV2008-01367
Equipment #: 2
Equipment Type: Elevator - Traction
Code In Effect: 2005/2006

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

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

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(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

Building Location

HOLIDAY INN MILLENNIUM
445 INTERNATIONAL CENTRE DR
HENRICO VA 23150

Equipment Information

Key Location: MAINT.
Alarm Status: NONE
Elevator ID #: ELV2008-01368
Equipment #: 1
Equipment Type: Elevator - Traction
Code In Effect: 2005

Owner / Agent

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): _____

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

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

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EQP NOTES

Building Location

HOLIDAY INN MILLENNIUM
445 INTERNATIONAL CENTRE DR
HENRICO VA 23150

Equipment Information

Key Location: MAINT.
Alarm Status: NONE
Elevator ID #: ELV2008-01368
Equipment #: 2
Equipment Type: Elevator - Traction
Code In Effect: 2005

Owner / Agent

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): _____

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

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EQP NOTES

Building Location

HOLIDAY INN MILLENNIUM
445 INTERNATIONAL CENTRE DR
HENRICO VA 23150

Equipment Information

Key Location: MAINT.
Alarm Status: NONE
Elevator ID #: ELV2008-01368
Equipment #: 3
Equipment Type: Elevator - Traction
Code In Effect: 2005

Owner / Agent

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): _____

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

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Fax: (804) 501-4984

EQP NOTES

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

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2009-01385
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2000

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

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

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2009-01385
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 2000

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

VERENA AT THE GLEN
10290 BROOK RD
GLEN ALLEN VA 23059

Owner / Agent

ATTN: ASHLEY DUGGER
VERENA AT THE GLEN
10286 BROOK RD
GLEN ALLEN VA 23059

PHONE: (804) 261-1100
FAX: (804) 261-1200
EMAIL: ADUGGER@VERENAATTHEGLENVA.COM

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2009-01395
Equipment #: 1
Equipment Type: Elevator - Traction
Code In Effect: 2004/2005

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

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EQP NOTES

Building Location

VERENA AT THE GLEN
10282 BROOK RD
GLEN ALLEN VA 23059

Owner / Agent

ATTN: ASHLEY DUGGER
VERENA AT THE GLEN
10286 BROOK RD
GLEN ALLEN VA 23059

PHONE: (804) 261-1100

FAX: () -

EMAIL: ADUGGER@CADENCEATTHEGLENVA.COM

Equipment Information

Key Location: MAINT.
Alarm Status: NONE
Elevator ID #: ELV2009-01396
Equipment #: 1
Equipment Type: Elevator - Traction
Code In Effect: 2004/2005

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

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 Information

Key Location:
Alarm Status:
Elevator ID #: ELV2009-01408
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2004

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

HINDU CENTER OF VA
6051 SPRINGFIELD RD
HENRICO VA 23060-2401

Owner / Agent

ATTN: SANJAY TIRUNAGARI
HINDU CENTER OF VA INC
6051 SPRINGFIELD RD
HENRICO VA 23060-2401

PHONE: (804) 868-0049
FAX: _____
EMAIL: _____

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2009-01435
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2004/2005

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

EASTERN HENRICO RECREATION CENTER
1440 N LABURNUM AVE
HENRICO VA 23222

Equipment Information

Key Location: FRONT DESK
Alarm Status: NONE
Elevator ID #: ELV2010-01462
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2005

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.VS.US

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

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Fax: (804) 501-4984

EQP NOTES

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

Key Location:
Alarm Status:
Elevator ID #: ELV2012-01551
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2007

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

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

Key Location:
Alarm Status:
Elevator ID #: ELV2012-01551
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 2007

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

OLD TUCKAHOE LIBRARY
1700 N PARHAM RD
HENRICO VA 23229

Owner / Agent

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

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2012-01554
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2009

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

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EQP NOTES

Building Location

MINI PRICE WAREHOUSE
4300 W BROAD ST
RICHMOND VA 23230

Owner / Agent

ATTN: MELISSA OXENDINE
MICHAEL D. SIFEN INC.
2929 SABRE ST. STE 500
VIRGINIA BEACH VA 23452

PHONE: (757) 486-1122 Ext: 1
FAX: (757) 486-0905
EMAIL: MELISSA.OXENDINE@MINIPRCESTORAGECOM

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2012-01597
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2007

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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

(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

Building Location

MINI PRICE WAREHOUSE
4300 W BROAD ST
RICHMOND VA 23230

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2012-01597
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 2007

Owner / Agent

ATTN: MELISSA OXENDINE
MICHAEL D. SIFEN INC.
2929 SABRE ST. STE 500
VIRGINIA BEACH VA 23452

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (757) 486-1122 Ext: 1
FAX: (757) 486-0905
EMAIL: MELISSA.OXENDINE@MINIPRCESTORAGECOM

Building Representative Contacted (Print): _____

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

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

MINI PRICE WAREHOUSE
4300 W BROAD ST
RICHMOND VA 23230

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2012-01597
Equipment #: 3
Equipment Type: Elevator - Hydraulic
Code In Effect: 2007

Owner / Agent

ATTN: MELISSA OXENDINE
MICHAEL D. SIFEN INC.
2929 SABRE ST. STE 500
VIRGINIA BEACH VA 23452

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (757) 486-1122 Ext: 1
FAX: (757) 486-0905
EMAIL: MELISSA.OXENDINE@MINIPRCESTORAGECOM

Building Representative Contacted (Print): _____

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

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

MINI PRICE WAREHOUSE
4300 W BROAD ST
RICHMOND VA 23230

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2012-01597
Equipment #: 4
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Owner / Agent

ATTN: MELISSA OXENDINE
MICHAEL D. SIFEN INC.
2929 SABRE ST. STE 500
VIRGINIA BEACH VA 23452

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (757) 486-1122 Ext: 1
FAX: (757) 486-0905
EMAIL: MELISSA.OXENDINE@MINIPRCESTORAGECOM

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

LIBBIE MILL LIBRARY
2100 LIBBIE LAKE EAST ST
RICHMOND VA 23230

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 Information

Key Location:
Alarm Status:
Elevator ID #: ELV2015-01726
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

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

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

LIBBIE MILL LIBRARY
2100 LIBBIE LAKE EAST ST
RICHMOND VA 23230

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 Information

Key Location:
Alarm Status:
Elevator ID #: ELV2015-01726
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

EQP NOTES

Building Location

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 Information

Key Location:
Alarm Status:
Elevator ID #: ELV2015-01741
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print):

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

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 Information

Key Location:
Alarm Status:
Elevator ID #: ELV2015-01741
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

EQP NOTES

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

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2015-01753
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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Fax: (804) 501-4984

EQP NOTES

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) -
EMAIL: NEILZEMMEL@MAC.COM

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2016-01763
Equipment #: 1
Equipment Type: Elevator - Traction
Code In Effect: 2010

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

FOREST MEDICAL MOB 4
6946 FOREST AVE
RICHMOND VA 23230

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2017-01868
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Owner / Agent

ATTN: LISA HARRIS
REYNOLDS INTERNATIONAL MANAGEMENT
SERVICES
6641 W BROAD ST STE 100
RICHMOND VA 23230
PHONE: (804) 267-3636
FAX: (804) 323-9819
EMAIL: SERVICE@REYDEV.COM; LISA@REYDEV.COM

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

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Fax: (804) 501-4984

EQP NOTES

Building Location

FOREST MEDICAL MOB 4
6946 FOREST AVE
RICHMOND VA 23230

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2017-01868
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Owner / Agent

ATTN: LISA HARRIS
REYNOLDS INTERNATIONAL MANAGEMENT
SERVICES
6641 W BROAD ST STE 100
RICHMOND VA 23230
PHONE: (804) 267-3636
FAX: (804) 323-9819
EMAIL: SERVICE@REYDEV.COM; LISA@REYDEV.COM

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: April
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EQP NOTES

Building Location

CUBE SMART SELF STORAGE
11530 NUCKOLS RD
GLEN ALLEN VA 23059

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2017-01869
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Owner / Agent

ATTN: _____
CUBE SMART SELF STORAGE
11530 NUCKOLS RD
GLEN ALLEN VA 23059

PHONE: (855) 712-9187
FAX: _____
EMAIL: _____

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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EQP NOTES

Building Location

CUBE SMART SELF STORAGE
11530 NUCKOLS RD
GLEN ALLEN VA 23059

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2017-01869
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Owner / Agent

ATTN: _____
CUBE SMART SELF STORAGE
11530 NUCKOLS RD
GLEN ALLEN VA 23059

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (855) 712-9187
FAX: _____
EMAIL: _____

Building Representative Contacted (Print): _____

Category I, III and V Periodic Test Due: October
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EQP NOTES

Building Location

FAISON SCHOOL FOR AUTISM
1701 BYRD AVE
RICHMOND VA 23230

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2017-01871
Equipment #: 1
Equipment Type: Elevator - Traction
Code In Effect: 2010

Owner / Agent

ATTN: _____
FAISON SCHOOL FOR AUTISM
1701 BYRD AVE
RICHMOND VA 23230

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

PHONE: (804) 612-1947
FAX: _____
EMAIL: _____

Building Representative Contacted (Print): _____

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

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

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

(Attach additional sheets as needed.)



County of Henrico
Department of Building Construction
and Inspections

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

EQP NOTES

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

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2018-01904
Equipment #: 1
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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GLEN ALLEN VA 23058
PHONE: (804) 697-3496
FAX:
EMAIL: CYNTHIA_DABNEY@BSHSI.ORG

Equipment Information

Key Location:
Alarm Status:
Elevator ID #: ELV2018-01904
Equipment #: 2
Equipment Type: Elevator - Hydraulic
Code In Effect: 2010

Inspection Agency: _____

Inspector Name (Print): _____

Inspector Signature: _____

Building Representative Contacted (Print): _____

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

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

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