

N.C. Department of Labor
 Elevator & Amusement Device Bureau
 1101 Mail Service Center
 Raleigh, North Carolina 27699-1101
 Telephone: (919) 807-2770
 Facsimile: (919) 807-2777



REQUEST FOR
PRE-INSPECTION SITE VISIT

State ID Number:	Area Inspector:	Date Requested for Site-Visit:		
Installing Elevator Company Name:	Address:	City:	State:	Zip Code:
General Contractor Name:	Street Address (Location of Building):	City:	State:	Zip Code:
Requested By (Name and Title):	E-Mail Address:	Office Phone:	Cell Phone:	

Comment/Reason for Pre-Inspection Site Visit:

FOR OFFICE USE ONLY:

Site Visit Assigned _____ **Date Assigned:** _____
To: _____

* Each category above must be completed before processing
 ** Approval/Response will be confirmed to e-mail address above