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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: LISA HARRIS
4991 LAKE BROOK DR, STE G90
GLEN ALLEN, VA 23060

Phone: (804) 290-2162
Email: Lisa.Harris@highwoods.com

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

Elevator Location ID:	ELVLOC-2001-00004	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	KEYBOX AT FRT. DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: LISA HARRIS
4991 LAKE BROOK DR, STE G90
GLEN ALLEN, VA 23060

Phone: (804) 290-2162
Email: Lisa.Harris@highwoods.com

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

Elevator Location ID:	ELVLOC-2001-00004	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	KEYBOX AT FRT. DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00005	**Code in Effect:**	1993/ 2010
Equipment Sequence:	1	**Key Location:**	RECPT. DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00005	**Code in Effect:**	1993/ 2010
Equipment Sequence:	2	**Key Location:**	RECPT. DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BERNSTEIN PROPERTIES
ATTN: Melissa Austin
5206 MARKEL RD SUITE 306
RICHMOND, VA 23230

Building Location:
5211 BUILDING
5211 W BROAD ST
HENRICO, VA 23230

Phone: (804) 288-1232
Email: melissa.austin@bernstein-enterpris

Elevator Location ID:	ELVLOC-2001-00204	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	1ST\FL LOBBY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
NEWLINK MANAGEMENT GROUP
ATTN: TRACY ALLEN
6806 PARAGON PLACE - SUITE 120
RICHMOND, VA 23230

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

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

Elevator Location ID:	ELVLOC-2001-00218	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	LOCKBOX@RM.8425
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
NEWLINK MANAGEMENT GROUP
ATTN: TRACY ALLEN
6806 PARAGON PLACE - SUITE 120
RICHMOND, VA 23230

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

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

Elevator Location ID:	ELVLOC-2001-00218	**Code in Effect:**	1971/2010
Equipment Sequence:	2	**Key Location:**	LOCKBOX@RM.8425
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Owner / Agent:
NEWLINK MANAGEMENT GROUP
ATTN: TRACY ALLEN
6806 PARAGON PLACE - SUITE 120
RICHMOND, VA 23230

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

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

Elevator Location ID:	ELVLOC-2001-00218	**Code in Effect:**	1971/2010
Equipment Sequence:	3	**Key Location:**	LOCKBOX@RM.8425
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TRELIAM LLC
ATTN: JESSICA MOORE
6010 W Broad ST, Suite 103
RICHMOND, VA 23230

Phone: (804) 306-1863
Email: j.moore@whoarva.com

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

Elevator Location ID:	ELVLOC-2001-00220	**Code in Effect:**	1971
Equipment Sequence:	1	**Key Location:**	RECPT. DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00224	**Code in Effect:**	1978
Equipment Sequence:	1	**Key Location:**	3R/D FL. / RECPT DSK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00224	**Code in Effect:**	1978
Equipment Sequence:	2	**Key Location:**	3R/D FL. / RECPT DSK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MOTEL 6
ATTN: SARAH BRUMFIELD
7831 SHRADER RD
HENRICO, VA 23228

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

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

Elevator Location ID:	ELVLOC-2001-00237	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	SEE MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DR. JOHN G. CAMETAS MD
ATTN: STEFAN CAMETAS
PO BOX 6851
Richmond, VA 23230

Building Location:
PEMBROOKE MEDICAL BUILDING
2305 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 977-6550
Email: katharinegottlieb@gmail.com

Elevator Location ID:	ELVLOC-2001-00239	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	1ST. FL. OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 864-1100
Email: ehurlocker@greenehurlocker.com

Building Location:
GREENE HURLOCKER BUILDING
4908 MONUMENT AVE
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2001-00252	**Code in Effect:**	1965
Equipment Sequence:	1	**Key Location:**	2/ND FL. RECPT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MONUMENT HGTS BAPTIST CHURCH
ATTN: JONATHAN HOLSTE
5716 MONUMENT AVE
RICHMOND, VA 23226

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

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

Elevator Location ID:	ELVLOC-2001-00255	**Code in Effect:**	1971
Equipment Sequence:	1	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00280	**Code in Effect:**	
Equipment Sequence:	1	**Key Location:**	ROOM 226
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00280	**Code in Effect:**	
Equipment Sequence:	2	**Key Location:**	ROOM 226
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Henrico, VA 23273-0775

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

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

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

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

Elevator Location ID:	ELVLOC-2001-00280	**Code in Effect:**	
Equipment Sequence:	3	**Key Location:**	ROOM 226
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00280	**Code in Effect:**	
Equipment Sequence:	4	**Key Location:**	ROOM 226
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00281	**Code in Effect:**	1987
Equipment Sequence:	1	**Key Location:**	RM.205
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00281	**Code in Effect:**	1987
Equipment Sequence:	2	**Key Location:**	RM.205
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00281	**Code in Effect:**	1987
Equipment Sequence:	3	**Key Location:**	RM.205
Elevator Type:	Electric Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
1512 WILLOW LAWN
1512 WILLOW LAWN DR
HENRICO, VA 23230-3117

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

Elevator Location ID:	ELVLOC-2001-00302	**Code in Effect:**	1965
Equipment Sequence:	1	**Key Location:**	3RD.FL.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
1516 WILLOW LAWN LLC
ATTN: Ryan Boyer
4900 Augusta Ave. Ste 101
Richmond, VA 23230

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

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

Elevator Location ID:	ELVLOC-2001-00303	**Code in Effect:**	1955
Equipment Sequence:	1	**Key Location:**	1ST.FL.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00304	**Code in Effect:**	1960
Equipment Sequence:	1	**Key Location:**	LOBBY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00305	**Code in Effect:**	
Equipment Sequence:	1	**Key Location:**	LOBBY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00306	**Code in Effect:**	1960
Equipment Sequence:	1	**Key Location:**	LOBBY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00351	**Code in Effect:**	1960
Equipment Sequence:	1	**Key Location:**	LOBBY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
BYRD BUILDING
1910 BYRD AVE
HENRICO, VA 23230-3034

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

Elevator Location ID:	ELVLOC-2001-00352	**Code in Effect:**	1960
Equipment Sequence:	1	**Key Location:**	LOCK BOX \ OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
KINGS CREST LLC.
ATTN: Michael Duncan
404 Berwickshire Dr
Richmond, VA 23221

Phone: (571) 332-1261
Email: duncanmd8@gmail.com

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
KINGS CREST LLC.
ATTN: Michael Duncan
404 Berwickshire Dr
Richmond, VA 23221

Phone: (571) 332-1261
Email: duncanmd8@gmail.com

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

Elevator Location ID:	ELVLOC-2001-00360	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	KEY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
NORTH PARHAM REALTY
ATTN: DAVID GALPERN
PO BOX 7331
RICHMOND, VA 23221

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

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

Elevator Location ID:	ELVLOC-2001-00364	**Code in Effect:**	1971
Equipment Sequence:	1	**Key Location:**	MAIL ROOM
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 422-5000
Email: dpullan@rarealtors.com

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

Elevator Location ID:	ELVLOC-2001-00372	**Code in Effect:**	1971/2012
Equipment Sequence:	1	**Key Location:**	RECPT. DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FIRST COMMUNITY BANK
ATTN: SHELIA CROOKS
2702 N. PARHAM RD.
HENRICO, VA 23294

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

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

Elevator Location ID:	ELVLOC-2001-00378	**Code in Effect:**	1971
Equipment Sequence:	1	**Key Location:**	BANK LOBBY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 622-5102
Email: jlmurphy@richmonddiocese.org

Building Location:
CATHOLIC DIOCESE OF RICHMOND
7800 CAROUSEL LN
HENRICO, VA 23294

Elevator Location ID:	ELVLOC-2001-00380	**Code in Effect:**	1987
Equipment Sequence:	1	**Key Location:**	BRK. GLASS BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CONNECTS F.C.U.
ATTN: Chloe Luebbert
7700 Shrader Rd
Henrico, VA 23228

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

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

Elevator Location ID:	ELVLOC-2001-00382	**Code in Effect:**	1990
Equipment Sequence:	1	**Key Location:**	KEYBOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Rainge Commercial
ATTN: TRACI PARSLEY
PO BOX 13470
RICHMOND, VA 23225

Phone: (804) 320-5500
Email: traci.parsley@colliers.com

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Rainge Commercial
ATTN: TRACI PARSLEY
PO BOX 13470
RICHMOND, VA 23225

Phone: (804) 320-5500
Email: traci.parsley@colliers.com

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

Elevator Location ID:	ELVLOC-2001-00410	**Code in Effect:**	1984
Equipment Sequence:	2	**Key Location:**	SECURITY DESK
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
2120 STAPLES MILL PARTNERS LLC
ATTN: EMMA GHAZAOUI
PO BOX 5160
Glen Allen, VA 23058

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

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ENTERPRISE CENTER PARTNERS
ATTN: H. PETTUS LECOMPTE
5310 MARKEL RD SUITE 203
RICHMOND, VA 23230

Building Location:
ENTERPRISE CENTER
5310 MARKEL RD
HENRICO, VA 23230

Phone: (804) 839-7936
Email: hpettuslecompte@gmail.com

Elevator Location ID:	ELVLOC-2001-00426	**Code in Effect:**	1960
Equipment Sequence:	1	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BERNSTEIN PROPERTIES
ATTN: Melissa Austin
5206 Markel Rd Suite 306
Richmond, VA 23230

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

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

Elevator Location ID:	ELVLOC-2001-00427	**Code in Effect:**	1960
Equipment Sequence:	1	**Key Location:**	3RD.FL. BERNSTIEN PR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ENTERCOM
ATTN: STEPHANIE GROGAN
PO BOX 122001
LITHIA SPRINGS, GA 30122

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

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
UNISTAFF BUILDING
4914 RADFORD AVE
HENRICO, VA 23230

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

Elevator Location ID:	ELVLOC-2001-00502	**Code in Effect:**	1955
Equipment Sequence:	1	**Key Location:**	KEY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
UNISTAFF BUILDING
4914 RADFORD AVE
HENRICO, VA 23230

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

Elevator Location ID:	ELVLOC-2001-00502	**Code in Effect:**	1955
Equipment Sequence:	2	**Key Location:**	KEY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LIM PROPERTIES
ATTN: H. PETTIS LECOMPTE
5310 MARKEL RD SUITE 203
RICHMOND, VA 23230

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

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

Elevator Location ID:	ELVLOC-2001-00526	**Code in Effect:**	1965
Equipment Sequence:	1	**Key Location:**	2ND. FL.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HOB SIGMON REALTY
ATTN: LINDA WARDEN
3108 N PARHAM RD SUITE 604 C
HENRICO, VA 23294

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

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

Elevator Location ID:	ELVLOC-2001-00527	**Code in Effect:**	1965
Equipment Sequence:	1	**Key Location:**	KEY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MAILHANDLERS UNION LOCAL 305
ATTN: LaFon Robinson
4907 FITZHUGH AVE - SUITE 100
RICHMOND, VA 23230

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

Phone: (804) 358-4664
Email: LaFon.Robinson@L305.org

Elevator Location ID:	ELVLOC-2001-00528	**Code in Effect:**	1960
Equipment Sequence:	1	**Key Location:**	OFFICE 1ST.FL
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

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

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

Elevator Location ID:	ELVLOC-2001-00535	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	2ND.FL. RECPT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

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

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

Elevator Location ID:	ELVLOC-2001-00536	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	J.PEARSON \ 5012
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

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

Building Location:
Tuckahoe Holdings
5008 MONUMENT AVE
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2001-00537	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	C.CARTER \ MGR.OFF.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

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

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

Elevator Location ID:	ELVLOC-2001-00538	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	J.PEARSON 5012
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

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

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

Elevator Location ID:	ELVLOC-2001-00539	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	J.PEARSON \ 5012
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

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

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

Elevator Location ID:	ELVLOC-2001-00540	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	J.PEARSON 5012
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

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

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

Elevator Location ID:	ELVLOC-2001-00541	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	J.PEARSON 5012
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

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

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

Elevator Location ID:	ELVLOC-2001-00542	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	MR.ZWERDLING
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GLENBURNIE REHAB/NURSING CENTER
ATTN: WALMEKA WILLIAMS
1901 LIBBIE AVE
RICHMOND, VA 23226

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

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

Elevator Location ID:	ELVLOC-2001-00552	**Code in Effect:**	1965
Equipment Sequence:	1	**Key Location:**	MAINT. SHOP
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

Phone: (804) 262-6593
Email: peter.francisco@verizon.net

Building Location:
LAWRENCE BANK BUILDING
6924 LAKESIDE AVE
HENRICO, VA 23228

Elevator Location ID:	ELVLOC-2001-00601	**Code in Effect:**	1960
Equipment Sequence:	1	**Key Location:**	BSMT.STAIRS LOCK BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00604	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00604	**Code in Effect:**	1984
Equipment Sequence:	2	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00606	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	J.GWYNN-MAINT. DEPT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00606	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	J.GWYNN-MAINT. DEPT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00606	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	J.GWYNN-MAINT. DEPT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00635	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FAITH LANDMARKS CHURCH
ATTN: JAMES GILBERT / Shelley Gilbert
8491 CHAMBERLAYNE RD
RICHMOND, VA 23227

Building Location:
FAITH LANDMARKS CHURCH
8491 CHAMBERLAYNE RD
HENRICO, VA 23227

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

Elevator Location ID:	ELVLOC-2001-00656	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HATCHER MEMORIAL BAPTIST CH
ATTN: HEATHER MEADOR
2300 DUMBARTON RD
HENRICO, VA 23228

Phone: (804) 266-9696
Email: office@hatcherchurch.org

Building Location:
HATCHER MEMORIAL BAPTIST CH
2320 DUMBARTON RD
HENRICO, VA 23228

Elevator Location ID:	ELVLOC-2001-00676	**Code in Effect:**	1960/2010
Equipment Sequence:	1	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHREE HARI HOSPITALITY 1 LLC
ATTN: UMESH AHIR
5203 WILLIAMSBURG RD
SANDSTON, VA 23150

Building Location:
DOMINION INN & SUITES
5203 WILLIAMSBURG RD
SANDSTON, VA 23150

Phone: (804) 222-6450
Email: DOMINION5203@gmail.com

Elevator Location ID:	ELVLOC-2001-00751	**Code in Effect:**	1978
Equipment Sequence:	1	**Key Location:**	LOBBY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COUNTRY CLUB OF VIRGINIA
ATTN: CRAIG SHARP
6031 ST ANDREWS LN
RICHMOND, VA 23226

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

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

Elevator Location ID:	ELVLOC-2001-00806	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	LOCK BOX - M.R.DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VILLAGE SHOPPING CENTER
ATTN: BETTIE LODGE
PO BOX 7626
MERRIFIELD, VA 22116-7626

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

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

Elevator Location ID:	ELVLOC-2001-00808	**Code in Effect:**	1971
Equipment Sequence:	1	**Key Location:**	BOX ON WALL
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
REAL PROPERTY MANAGEMENT
ATTN: RALPH REAHARD
1100 WELBORNE DR.
RICHMOND, VA 23229

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

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

Elevator Location ID:	ELVLOC-2001-00830	**Code in Effect:**	1960
Equipment Sequence:	1	**Key Location:**	3RD FL.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
PARHAM ONE OFFICE BUILDING
827 E PARHAM RD
HENRICO, VA 23227

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

Elevator Location ID:	ELVLOC-2001-00852	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	BALL REALTY,2ND.FL.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00875	**Code in Effect:**	1984
Equipment Sequence:	1	**Key Location:**	KEYBOX AT 1ST\FL.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00881	**Code in Effect:**	1990
Equipment Sequence:	1	**Key Location:**	RECEPTION DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00881	**Code in Effect:**	1990
Equipment Sequence:	2	**Key Location:**	RECEPTION DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00881	**Code in Effect:**	1990
Equipment Sequence:	3	**Key Location:**	RECEPTION DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00886	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	SEE MANAGER
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00886	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	SEE MANAGER
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00886	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	SEE MANAGER
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THALHIMERS
ATTN: NATHAN VAN ARSDALE
PO BOX 5160
GLEN ALLEN, VA 23058

Building Location:
VIRGINIA HOUSING CENTER I
4240 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00889	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	1/ST. FLOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4991 Lake Brook Dr Suite G90
Glen allen, VA 23060

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

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

Elevator Location ID:	ELVLOC-2001-00890	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4991 Lake Brook Dr Suite G90
Glen allen, VA 23060

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

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

Elevator Location ID:	ELVLOC-2001-00890	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00895	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	RECPT. DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00895	**Code in Effect:**	1996
Equipment Sequence:	2	**Key Location:**	RECPT. DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4991 Lake Brook Dr Suite G90
Glen allen, VA 23060

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

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

Elevator Location ID:	ELVLOC-2001-00902	**Code in Effect:**	1984
Equipment Sequence:	1	**Key Location:**	KEY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4991 Lake Brook Dr Suite G90
Glen allen, VA 23060

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

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

Elevator Location ID:	ELVLOC-2001-00902	**Code in Effect:**	1984
Equipment Sequence:	2	**Key Location:**	KEY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THALHIMERS
ATTN: IAN RIESTER
P.O. Box 5160
GLEN ALLEN, VA 23058

Phone: (804) 697-3456
Email: ian.riester@thalhimer.com

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

Elevator Location ID:	ELVLOC-2001-00903	**Code in Effect:**	1981/2013
Equipment Sequence:	1	**Key Location:**	3RD.FL.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THALHIMERS
ATTN: IAN RIESTER
P.O. Box 5160
GLEN ALLEN, VA 23058

Phone: (804) 697-3456
Email: ian.riester@thalhimer.com

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

Elevator Location ID:	ELVLOC-2001-00903	**Code in Effect:**	1981/2013
Equipment Sequence:	2	**Key Location:**	3RD.FL.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Please use a separate sheet for each elevator

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4991 Lake Brook Dr
Suite G 90
GLEN ALLEN, VA 23060

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

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

Elevator Location ID:	ELVLOC-2001-00904	**Code in Effect:**	1981
Equipment Sequence:	1	**Key Location:**	MACH.RM.DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4991 Lake Brook Dr
Suite G 90
GLEN ALLEN, VA 23060

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

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

Elevator Location ID:	ELVLOC-2001-00904	**Code in Effect:**	1981
Equipment Sequence:	2	**Key Location:**	MACH.RM.DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: Benjamin Halstead
2221 Edward Holland Dr.
Henrico, VA 23230

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

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

Elevator Location ID:	ELVLOC-2001-00905	**Code in Effect:**	1990
Equipment Sequence:	1	**Key Location:**	1ST\FL OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: MIKE JAMES
2221 EDWARD HOLLAND DR
SUITE 600
RICHMOND, VA 23230

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

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

Elevator Location ID:	ELVLOC-2001-00907	**Code in Effect:**	1984
Equipment Sequence:	1	**Key Location:**	BOX AT ELEV.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: MIKE JAMES
2221 EDWARD HOLLAND DR
SUITE 600
RICHMOND, VA 23230

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

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

Elevator Location ID:	ELVLOC-2001-00907	**Code in Effect:**	1984
Equipment Sequence:	2	**Key Location:**	BOX AT ELEV.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Eastern Gas Transmission and Storage
ATTN: DEREK KILDOO
10700 Energy Way
GLEN ALLEN, VA 23060

Building Location:
BHE EGT&S Innsbrook South
10700 ENERGY WAY
GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00918	**Code in Effect:**	1990
Equipment Sequence:	1	**Key Location:**	RECPT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Eastern Gas Transmission and Storage
ATTN: DEREK KILDOO
10700 Energy Way
GLEN ALLEN, VA 23060

Building Location:
BHE EGT&S Innsbrook South
10700 ENERGY WAY
GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00918	**Code in Effect:**	1990
Equipment Sequence:	2	**Key Location:**	RECPT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Department of Building Construction and Inspections
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Eastern Gas Transmission and Storage
ATTN: DEREK KILDOO
10700 Energy Way
GLEN ALLEN, VA 23060

Building Location:
BHE EGT&S Innsbrook South
10700 ENERGY WAY
GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00918	**Code in Effect:**	1990
Equipment Sequence:	3	**Key Location:**	RECPT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00962	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	ENVIRONMENTAL SERVS.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

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

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

Elevator Location ID:	ELVLOC-2001-00962	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	ENVIRONMENTAL SERVS.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00962	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	ENVIRONMENTAL SERVS.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00962	**Code in Effect:**	1993
Equipment Sequence:	4	**Key Location:**	ENVIRONMENTAL SERVS.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00962	**Code in Effect:**	1993
Equipment Sequence:	5	**Key Location:**	ENVIRONMENTAL SERVS.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00962	**Code in Effect:**	1993
Equipment Sequence:	6	**Key Location:**	ENVIRONMENTAL SERVS.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00962	**Code in Effect:**	1993
Equipment Sequence:	7	**Key Location:**	ENVIRONMENTAL SERVS.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00962	**Code in Effect:**	1993
Equipment Sequence:	8	**Key Location:**	ENVIRONMENTAL SERVS.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00962	**Code in Effect:**	2013
Equipment Sequence:	9	**Key Location:**	ENVIRONMENTAL SERVS.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00962	**Code in Effect:**	1993
Equipment Sequence:	10	**Key Location:**	ENVIRONMENTAL SERVS.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00962	**Code in Effect:**	2013
Equipment Sequence:	13	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

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

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

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

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

Elevator Location ID:	ELVLOC-2001-00962	**Code in Effect:**	2013
Equipment Sequence:	15	**Key Location:**	ENVIRONMENTAL SERVS.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4991 Lake Brook Dr
Suite G 90
GLEN ALLEN, VA 23060

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

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

Elevator Location ID:	ELVLOC-2001-00965	**Code in Effect:**	1990
Equipment Sequence:	1	**Key Location:**	KEYBOX AT DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4991 Lake Brook Dr
Suite G 90
GLEN ALLEN, VA 23060

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

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

Elevator Location ID:	ELVLOC-2001-00965	**Code in Effect:**	1990
Equipment Sequence:	2	**Key Location:**	KEYBOX AT DOOR
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WESTDALE REAL ESTATE INV. / MGT. CO.
ATTN: TREY BRANCH
11551 Nuckols Road
Suite O
Glen Allen, VA 23059

Phone: (804) 747-1551
Email: trey.branchl@westdale.com

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

Elevator Location ID:	ELVLOC-2001-00968	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	KEY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WESTDALE REAL ESTATE INV. / MGT. CO.
ATTN: TREY BRANCH
11551 Nuckols Road
Suite O
Glen Allen, VA 23059

Phone: (804) 747-1551
Email: trey.branchl@westdale.com

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

Elevator Location ID:	ELVLOC-2001-00968	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	KEY BOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: Shawnae Thomas
4051 Innslake Dr.
Glen Allen, VA 23060

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

Phone: (804) 217-9200
Email: gm-innsbrook@szmgmnt.com

Elevator Location ID:	ELVLOC-2001-00979	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	LOBBY DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Owner / Agent:
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ATTN: Shawnae Thomas
4051 Innslake Dr.
Glen Allen, VA 23060

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

Phone: (804) 217-9200
Email: gm-innsbrook@szmgmnt.com

Elevator Location ID:	ELVLOC-2001-00979	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	LOBBY DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
LIBERTY PLAZA
4801 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00980	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	SECURITY / MAINTENCE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

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

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

Building Location:
LIBERTY PLAZA
4801 COX RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2001-00980	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	SECURITY / MAINTENCE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2001-00991	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	GUARD DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
KANTILAL PATEL
ATTN: KANTILAL PATEL
8613 BROOK RD
GLEN ALLEN, VA 23060

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

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

Elevator Location ID:	ELVLOC-2002-01020	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Please use a separate sheet for each elevator

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2002-01032	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	RECPT. DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID:	ELVLOC-2002-01032	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	RECPT. DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	4	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	5	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	6	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	7	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	8	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Henrico, VA 23273-0775

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ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	9	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
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Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	10	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	11	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	12	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	13	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2025 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	**Code in Effect:**	1993
Equipment Sequence:	14	**Key Location:**	1/ST FL. FACILITIES
Elevator Type:	Escalator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4991 Lake Brook Dr
Suite G 90
GLEN ALLEN, VA 23060

Phone: (804) 290-2169
Email: brian.egan@highwoods.com

Building Location:
HIGHWOODS III
4840 COX RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2005-01162	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	LOCKBOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4991 Lake Brook Dr
Suite G 90
GLEN ALLEN, VA 23060

Phone: (804) 290-2169
Email: brian.egan@highwoods.com

Building Location:
HIGHWOODS III
4840 COX RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2005-01162	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	LOCKBOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4991 Lake Brook Dr
Suite G 90
GLEN ALLEN, VA 23060

Phone: (804) 290-2169
Email: brian.egan@highwoods.com

Building Location:
HIGHWOODS III
4840 COX RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2005-01162	**Code in Effect:**	1993
Equipment Sequence:	3	**Key Location:**	LOCKBOX
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Innsbrook LLC
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:
WESTERRE III
3900 WESTERRE PKWY
HENRICO, VA 23233

Phone: (804) 433-1804
Email: phogan@commonwealthcommercia

Elevator Location ID:	ELVLOC-2005-01190	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	SUITE 200
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Innsbrook LLC
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Phone: (804) 433-1804
Email: phogan@commonwealthcommercia

Building Location:
WESTERRE III
3900 WESTERRE PKWY
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2005-01190	**Code in Effect:**	1993
Equipment Sequence:	2	**Key Location:**	SUITE 200
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BNGP LLC.
ATTN: HARRY BAWA
441 RIVERGATE DR.
RICHMOND, VA 23238

Building Location:
BNGP OFFICE BUILDING
12090 W BROAD ST
HENRICO, VA 23233-1001

Phone: (804) 651-4038
Email: dhanguru99@hotmail.com

Elevator Location ID:	ELVLOC-2006-01216	**Code in Effect:**	1993
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TWIN HICKORY SENIOR APTS
ATTN: WILMA HARRIS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

Building Location:
TWIN HICKORY SENIOR APTS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

Phone: (804) 747-7676
Email: twinhickory@capreit.com

Elevator Location ID:	ELVLOC-2006-01226	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TWIN HICKORY SENIOR APTS
ATTN: WILMA HARRIS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

Building Location:
TWIN HICKORY SENIOR APTS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

Phone: (804) 747-7676
Email: twinhickory@capreit.com

Elevator Location ID:	ELVLOC-2006-01226	**Code in Effect:**	2000
Equipment Sequence:	2	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CHURCHILL PROPERTY PORTFOLIO OWNER LLC
ATTN: CHURCHILL PROP PORT OWNER LP
4500 Dorr St
Toledo, OH 23615

Building Location:
DOGWOOD TERRACE
10300 THREE CHOPT RD
HENRICO, VA 23233

Phone: (804) 346-3111
Email: OM.DOGWOOD@BARCLAYHOUSES

Elevator Location ID:	ELVLOC-2006-01232	**Code in Effect:**	1996
Equipment Sequence:	1	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VIRGINIA HOUSING DEV. AUTHORITY
ATTN: Brian Camden
601 S. Belvidere St.
Richmond, VA 23220

Building Location:
VIRGINIA HOUSING CENTER
4224 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 343-5506
Email: william.camden@virginiahousing.co

Elevator Location ID:	ELVLOC-2007-01251	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VIRGINIA HOUSING DEV. AUTHORITY
ATTN: Brian Camden
601 S. Belvidere St.
Richmond, VA 23220

Phone: (804) 343-5506
Email: william.camden@virginiahousing.co

Building Location:
VIRGINIA HOUSING CENTER
4224 COX RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2007-01251	**Code in Effect:**	2000
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WEST BROAD VLG III LLC
ATTN: Katya Howren
3930 Wild Goose Ln.
Henrico, VA 23060

Phone: (804) 212-1658
Email: khowren@capitalsquareliving.com

Building Location:
WEST BROAD VILLAGE A3
2420 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Elevator Location ID:	ELVLOC-2008-01333	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	LOBBY
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WEST BROAD VLG III LLC
ATTN: Katie Jones
1802 Bayberry Ct Suite 201
Henrico, VA 23226

Phone: (804) 401-4000
Email: Kathryn.jones2@cbre.com

Building Location:
WEST BROAD VILLAGE A-7
2250 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Elevator Location ID:	ELVLOC-2008-01335	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	KEY BOX - A8
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WEST BROAD VLG III LLC
ATTN: Katya Howren
3930 Wild Goose Ln.
Henrico, VA 23060

Phone: (804) 212-1658
Email: khowren@capitalsquareliving.com

Building Location:
WEST BROAD VILLAGE A-8
2220 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Elevator Location ID:	ELVLOC-2008-01336	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	KEY BOX - A-8
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WEST BROAD VLG III LLC
ATTN: Katya Howren
3930 Wild Goose Ln.
Henrico, VA 23060

Building Location:
WEST BROAD VILLAGE A1-A2
2450 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658
Email: khowren@capitalsquareliving.com

Elevator Location ID:	ELVLOC-2008-01339	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	KEY BOX A8
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ASSOCIA COMMUNITY GROUP
ATTN: Rosa Henao
4480 Cox Rd., Suite 200
Glenn Allen, VA 23060

Building Location:
WEST BROAD VILLAGE P4
3921 BROWNSTONE BLVD
GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276
Email: rhenao@communitygroup.com

Elevator Location ID:	ELVLOC-2008-01350	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
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Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ASSOCIA COMMUNITY GROUP
ATTN: Rosa Henao
4480 Cox Rd., Suite 200
Glenn Allen, VA 23060

Building Location:
WEST BROAD VILLAGE P4
3921 BROWNSTONE BLVD
GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276
Email: rhenao@communitygroup.com

Elevator Location ID:	ELVLOC-2008-01350	**Code in Effect:**	2000
Equipment Sequence:	2	**Key Location:**	MAINT.
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ASSOCIA COMMUNITY GROUP
ATTN: Rosa Henao
4480 Cox Rd., Suite 200
Glenn Allen, VA 23060

Building Location:
WEST BROAD VILLAGE P1
2411 BACK ST
GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276
Email: rhenao@communitygroup.com

Elevator Location ID:	ELVLOC-2008-01354	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	KEY BOX - #8
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ASSOCIA COMMUNITY GROUP
ATTN: Rosa Henao
4480 Cox Rd., Suite 200
Glenn Allen, VA 23060

Building Location:
WEST BROAD VILLAGE P1
2411 BACK ST
GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276
Email: rhenao@communitygroup.com

Elevator Location ID:	ELVLOC-2008-01354	**Code in Effect:**	2000
Equipment Sequence:	2	**Key Location:**	KEY BOX - #8
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WEST BROAD VILLAGE
ATTN: Rosa Henao
4480 Cox Rd., Suite 200
Glenn Allen, VA 23060

Building Location:
WEST BROAD VILLAGE P2
2221 BACK ST
GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276
Email: rhenao@communitygroup.com

Elevator Location ID:	ELVLOC-2008-01355	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	KEY BOX A-8
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WEST BROAD VILLAGE
ATTN: Rosa Henao
4480 Cox Rd., Suite 200
Glenn Allen, VA 23060

Building Location:
WEST BROAD VILLAGE P2
2221 BACK ST
GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276
Email: rhenao@communitygroup.com

Elevator Location ID:	ELVLOC-2008-01355	**Code in Effect:**	2000
Equipment Sequence:	2	**Key Location:**	KEY BOX A-8
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WEST BROAD VLG III LLC
ATTN: Katya Howren
3930 Wild Goose Ln.
Henrico, VA 23060

Phone: (804) 212-1658
Email: khowren@capitalsquareliving.com

Building Location:
WEST BROAD VILLAGE A12-A13
2425 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Elevator Location ID:	ELVLOC-2008-01357	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	KEY BOX A8
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WEST BROAD VLG III LLC
ATTN: Katya Howren
3930 Wild Goose Ln.
Henrico, VA 23060

Phone: (804) 212-1658
Email: khowren@capitalsquareliving.com

Building Location:
WEST BROAD VILLAGE A12-A13
2425 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Elevator Location ID:	ELVLOC-2008-01357	**Code in Effect:**	2000
Equipment Sequence:	2	**Key Location:**	KEY BOX A8
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WEST BROAD VILLAGE
ATTN: Rosa Henao
4480 Cox Rd., Suite 200
Glenn Allen, VA 23060

Building Location:
WEST BROAD VILLAGE P3 GARAGE
3910 GATHERING PL
GLEN ALLEN, VA 23060

Phone: (401) 500-5276
Email: rhenao@communitygroup.com

Elevator Location ID:	ELVLOC-2008-01358	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	KEY BOX - A 6
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WEST END HOSPITALITY
ATTN: MAYUSH MEHTA
8010 WBROAD ST
HENRICO, VA 23294

Building Location:
COUNTRY INN & SUITES
8010 W WEST BROAD ST
HENRICO, VA 23294

Phone: (804) 755-6605
Email: countryfrontdesk@gmail.com

Elevator Location ID:	ELVLOC-2008-01365	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	FRONT DESK
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: OMAR ANSARI
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:
HILTON HOTEL
12042 W BROAD ST
HENRICO, VA 23233

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2009-01394	**Code in Effect:**	2005
Equipment Sequence:	1	**Key Location:**	MAINT. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: OMAR ANSARI
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:
HILTON HOTEL
12042 W BROAD ST
HENRICO, VA 23233

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2009-01394	**Code in Effect:**	2005
Equipment Sequence:	2	**Key Location:**	MAINT. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: OMAR ANSARI
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:
HILTON HOTEL
12042 W BROAD ST
HENRICO, VA 23233

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2009-01394	**Code in Effect:**	2005
Equipment Sequence:	3	**Key Location:**	MAINT. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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P.O. Box 90775
Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: OMAR ANSARI
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:
HILTON HOTEL
12042 W BROAD ST
HENRICO, VA 23233

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2009-01394	**Code in Effect:**	2005
Equipment Sequence:	4	**Key Location:**	MAINT. OFFICE
Elevator Type:	Electric Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WEST BROAD VILLAGE
ATTN: Katie Jones
1802 Bayberry Ct Suite 201
Henrico, VA 23226

Phone: (804) 401-4000
Email: Kathryn.jones2@cbre.com

Building Location:
SOUTH UNIVERSITY @ WEST BR. VILLAGE
2151 OLD BRICK RD
GLEN ALLEN, VA 23060

Elevator Location ID:	ELVLOC-2009-01409	**Code in Effect:**	2004/2005
Equipment Sequence:	1	**Key Location:**	KEY BOX A8
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
KROGER RAS - LICENSE DEPTMENT
ATTN: BRIAN URBAHNS
PO BOX 305103
NASHVILLE, TN 37230-5103

Phone: (615) 232-7759
Email: business.license@kroger.com

Building Location:
KROGER # R-517
11895 W BROAD ST
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2010-01450	**Code in Effect:**	2004
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
KROGER RASC - LICENSE DEPT
ATTN: BRIAN URBAHNS
PO BOX 305103
NASHVILLE, TN 37230-5103

Phone: (615) 232-7759
Email: business.license@kroger.com

Building Location:
KROGER R-502
4816 S LABURNUM AVE
HENRICO, VA 23231

Elevator Location ID:	ELVLOC-2011-01503	**Code in Effect:**	2004
Equipment Sequence:	1	**Key Location:**	STORE MANAGER
Elevator Type:	Roped Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MID ATLANTIC DIVISION - THE KROGER CO.
ATTN: BARNEY LAVERTY
140 EASTSHORE DR, STE 300
GLEN ALLEN, VA 23059

Building Location:
KROGER # R519
9000 STAPLES MILL RD
HENRICO, VA 23228

Phone: (540) 265-2545
Email: barney.laverty@kroger.com

Elevator Location ID:	ELVLOC-2013-01660	**Code in Effect:**	2007
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLAGE TREE OF LIFE SERVICES LLC
ATTN: Colin Fisher
13450 N Gayton Rd
Richmond, VA 23233

Phone: (804) 664-0283
Email: colin.fisher@tree-of-life.com

Building Location:
TREE OF LIFE
13458 N GAYTON RD
HENRICO, VA 23233-7013

Elevator Location ID:	ELVLOC-2014-01676	**Code in Effect:**	2007
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MONUMENT SQUARE CONDO ASSN
ATTN: MARY SINGER
275 FINIAL AVE.
HENRICO, VA 23226

Building Location:
MONUMENT SQUARE CONDO. BUILDING 10
275 FINIAL AVE
HENRICO, VA 23226

Phone: (804) 288-3905
Email: msinger@communitygroup.com

Elevator Location ID:	ELVLOC-2014-01702	**Code in Effect:**	2007
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
6627 BROAD LLC
ATTN: KATIE WELCH
800 W MADISON ST, STE 400
CHICAGO, IL 60607

Phone: (757) 580-6680
Email: kwelch@remedymed.com

Building Location:
REYNOLDS CROSSING MOB3
6627 W BROAD ST
HENRICO, VA 23230-1723

Elevator Location ID:	ELVLOC-2014-01711	**Code in Effect:**	2007
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MONUMENT SQUARE CONDO ASSOCIATION
ATTN: MARY SINGER
275 FINIAL AVE.
HENRICO, VA 23226

Building Location:
MONUMENT SQUARE CONDO. BLDG 9
275 FINIAL AVE
HENRICO, VA 23226

Phone: (804) 288-3905
Email: msinger@communitygroup.com

Elevator Location ID:	ELVLOC-2015-01751	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
EXTRA SPACE
ATTN: Rebecca Wilber
3501 Cox Rd.
Henrico, VA 23233

Building Location:
EXTRA SPACE STORAGE
3501 COX RD
HENRICO, VA 23233

Phone: (804) 801-5784
Email: fac3671@extraspace.com

Elevator Location ID:	ELVLOC-2016-01775	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	OFFICE
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	Not Alarmed
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GO STOREIT
ATTN: AUSTIN HODGES
4210 Yancey Rd
CHARLOTTE, NC 28217

Phone: (843) 990-6199
Email: ahodges@gostoreit.com

Building Location:
GO STOREIT
1906 BISHOP RD
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2018-01878	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GO STOREIT
ATTN: AUSTIN HODGES
4210 Yancey Rd
CHARLOTTE, NC 28217

Phone: (843) 990-6199
Email: ahodges@gostoreit.com

Building Location:
GO STOREIT
1906 BISHOP RD
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2018-01878	**Code in Effect:**	2010
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PRIME STORAGE
ATTN: ALEXA RAMOS
10210 THREE CHOPT ROAD
HENRICO, VA 23233

Building Location:
PRIME STORAGE
10210 THREE CHOPT RD
HENRICO, VA 23233

Phone: (804) 346-1021
Email: VA25@GOPRIMEGROUP.COM

Elevator Location ID:	ELVLOC-2019-01989	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PRIME STORAGE
ATTN: ALEXA RAMOS
10210 THREE CHOPT ROAD
HENRICO, VA 23233

Building Location:
PRIME STORAGE
10210 THREE CHOPT RD
HENRICO, VA 23233

Phone: (804) 346-1021
Email: VA25@GOPRIMEGROUP.COM

Elevator Location ID:	ELVLOC-2019-01989	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PUBLIX SUPERMARKETS
ATTN: JUSTIN FISHER
P.O.BOX 32027
LAKELAND, FL 33802

Building Location:
PUBLIX SUPERMARKET #1593
7035 THREE CHOPT RD
HENRICO, VA 23226-3606

Phone: (804) 288-1070
Email: john.fisher2@publix.com

Elevator Location ID:	ELVLOC-2019-02002	**Code in Effect:**	2010
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RESIDENCE INN
ATTN: Hannah Mireles
5416 Glenside Dr
Henrico, VA 23228

Phone: (804) 799-1200
Email: gm.rimidtown@kmhotels.com

Building Location:
RESIDENCE INN
5416 GLENSIDE DR
HENRICO, VA 23228

Elevator Location ID:	ELVLOC-2019-02003	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RESIDENCE INN
ATTN: Hannah Mireles
5416 Glenside Dr
Henrico, VA 23228

Phone: (804) 799-1200
Email: gm.rimidtown@kmhotels.com

Building Location:
RESIDENCE INN
5416 GLENSIDE DR
HENRICO, VA 23228

Elevator Location ID:	ELVLOC-2019-02003	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
2001 MAYWILL LLC
ATTN: GREG NACHMAN
P.O. Box 17650
C/O Range Commercial Partners, Inc.
Richmond, VA 23226

Phone: (804) 796-0522
Email: greg.nachman@rangecommercial.c

Building Location:
KINSALE INSURANCE CO
2035 MAYWILL ST
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2020-02109	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	SECURITY DESK
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
2001 MAYWILL LLC
ATTN: GREG NACHMAN
P.O. Box 17650
C/O Range Commercial Partners, Inc.
Richmond, VA 23226

Phone: (804) 796-0522
Email: greg.nachman@rangecommercial.c

Building Location:
KINSALE INSURANCE CO
2035 MAYWILL ST
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2020-02109	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	SECURITY DESK
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
2001 MAYWILL LLC
ATTN: GREG NACHMAN
P.O. Box 17650
C/O Range Commercial Partners, Inc.
Richmond, VA 23226

Phone: (804) 796-0522
Email: greg.nachman@rangecommercial.c

Building Location:
KINSALE INSURANCE CO
2035 MAYWILL ST
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2020-02109	**Code in Effect:**	2013
Equipment Sequence:	3	**Key Location:**	SECURITY DESK
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
2001 MAYWILL LLC
ATTN: GREG NACHMAN
P.O. Box 17650
C/O Range Commercial Partners, Inc.
Richmond, VA 23226

Phone: (804) 796-0522
Email: greg.nachman@rangecommercial.c

Building Location:
KINSALE INSURANCE CO
2035 MAYWILL ST
HENRICO, VA 23230

Elevator Location ID:	ELVLOC-2020-02109	**Code in Effect:**	2013
Equipment Sequence:	4	**Key Location:**	SECURITY DESK
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST. JOSEPH'S VILLA
ATTN: WALTER SPENCE
8000 Brook Rd.
Henrico, VA 23227

Phone: (804) 564-6108
Email: wspence@sjvmail.net

Building Location:
SARAH DOOLEY CENTER FOR AUTISM
8000 BROOK RD
HENRICO, VA 23227-1306

Elevator Location ID:	ELVLOC-2020-02110	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SIG 1610 LLC
ATTN: CLIFF HITE
5607 GLENRIDGE DR, STE 200
ATLANTA, GA 30342

Phone: (804) 553-0288
Email: 1610@spaceshopselfstorage.com

Building Location:
SPACE SHOP SELF STORAGE
1610 GLENSIDE DR
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2020-02134	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SIG 1610 LLC
ATTN: CLIFF HITE
5607 GLENRIDGE DR, STE 200
ATLANTA, GA 30342

Phone: (804) 553-0288
Email: 1610@spaceshopselfstorage.com

Building Location:
SPACE SHOP SELF STORAGE
1610 GLENSIDE DR
HENRICO, VA 23226

Elevator Location ID:	ELVLOC-2020-02134	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
INNSLAKE PLACE / PEGASUS RESIDENTIAL
ATTN: Kay Shirk
4225 Innslake Dr.
Glen Allen, VA 23060

Building Location:
INNSLAKE PLACE APTS BLD II + PARKING
4225 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (678) 347-2830
Email: knh@pegasusnext.com

Elevator Location ID:	ELVLOC-2021-000028	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Category 5, Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
INNSLAKE PLACE / PEGASUS RESIDENTIAL
ATTN: Kay Shirk
4225 Innslake Dr.
Glen Allen, VA 23060

Building Location:
INNSLAKE PLACE APTS BLD II + PARKING
4225 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (678) 347-2830
Email: knh@pegasusnext.com

Elevator Location ID:	ELVLOC-2021-000028	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Category 1, Periodic, Category 5**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BRISTOL MAYWILL PARTNERS LLC
ATTN: BRISTOL MAYWILL PARTNERS LLC
2031 MAYWILL STREET
RICHMOND, VA 23230

Building Location:
TAPESTRY WEST APARTMENTS
2031 MAYWILL ST
HENRICO, VA 23230

Phone: (804) 206-9229
Email: tapestrywestmgr@greystar.com

Elevator Location ID:	ELVLOC-2022-000018	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
BRISTOL MAYWILL PARTNERS LLC
ATTN: BRISTOL MAYWILL PARTNERS LLC
2031 MAYWILL STREET
RICHMOND, VA 23230

Building Location:
TAPESTRY WEST APARTMENTS
2031 MAYWILL ST
HENRICO, VA 23230

Phone: (804) 206-9229
Email: tapestrywestmgr@greystar.com

Elevator Location ID:	ELVLOC-2022-000018	**Code in Effect:**	2013
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Pioneer Baptist Church
ATTN: Pioneer Baptist Church Trustees
3140 Darbytown Rd
Henrico, VA 23231

Building Location:
Pioneer Baptist Church
3140 DARBYTOWN RD
HENRICO, VA 23231

Phone: (804) 795-1051
Email: office@pioneerbaptist.comcastbiz.n

Elevator Location ID:	ELVLOC-2022-000053	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Staples Mill Square Owner, LLC
ATTN: Taylor Williams
200 S 10th Street, Suite 1010
C/o Divaris Property Management Corp
Richmond, VA 23219

Phone: (804) 643-4700
Email: taylor.williams@divaris.com

Building Location:
MARSHALLS
9041 STAPLES MILL RD
HENRICO, VA 23228

Elevator Location ID:	ELVLOC-2022-000055	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Bickerstaff Crossing VA LLC
ATTN: Tori Booker
1401 Bickerstaff Rd.
Henrico, VA 23231

Phone: (504) 910-1718
Email: tbooker@fitchirick.com

Building Location:
Bickerstaff Crossing Apartments
1401 BICKERSTAFF RD
HENRICO, VA 23231

Elevator Location ID:	ELVLOC-2022-000056	**Code in Effect:**	2013
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DRUCKER AND FALK
ATTN: Samuel Schuller
9600 Beekman Ln.
Henrico, VA 23228

Phone: (804) 921-0293
Email: ainsworthmgr@greystar.com

Building Location:
AINSWORTH BLDG 2
9601 BEEKMAN LN
HENRICO, VA 23228

Elevator Location ID:	ELVLOC-2023-000054	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DOMINION PROPERTY GROUP LLC
ATTN: Kay Lera
6229 Lakeside Ave.
Henrico, VA 23228

Phone: (804) 627-0000
Email: klera@stylecrafthomes.com

Building Location:
STYLE CRAFT HOMES
6229 LAKESIDE AVE
HENRICO, VA 23228

Elevator Location ID:	ELVLOC-2023-000056	**Code in Effect:**	ASME A17.1 – 2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SANDPIPER INDEPENDENCE PARK RICHMOND LLC
ATTN: CARTER RISE JR.
7200 GLEN FOREST DR
STE 200
HENRICO, VA 23226

Phone: (894) 775-2200
Email: Carter.rise2@sandpipiper.us.com

Building Location:
WYNDHAM HOTEL
9940 INDEPENDENCE PARK DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2023-000059	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Middleburg Management
ATTN: Michael Brand
1230 Brook Bend Rd
Glen Allen, VA 23060

Building Location:
9002 BROOK ROAD OWNER LLC (The Brook)
1251 FALABELLA DR
GLEN ALLEN, VA 23060

Phone: (804) 510-4616
Email: mbrand@livemiddleburg.com

Elevator Location ID:	ELVLOC-2024-000031	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Grey Star
ATTN: Samuel Schuller
9600 Beekman Ln.
Henrico, VA 23228

Phone: (804) 921-0293
Email: ainsworthmgr@greystar.com

Building Location:
AINSWORTH BLDG 1
9600 BEEKMAN LN
HENRICO, VA 23228

Elevator Location ID:	ELVLOC-2024-000043	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
Grey Star
ATTN: Samuel Schuller
9600 Beekman Ln.
Henrico, VA 23228

Phone: (804) 921-0293
Email: ainsworthmgr@greystar.com

Building Location:
AINSWORTH BLDG 1
9600 BEEKMAN LN
HENRICO, VA 23228

Elevator Location ID:	ELVLOC-2024-000043	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AUDUBON LLC
ATTN: AUDUBON LLC
300 E FRANKLIN ST FL 3
RICHMOND, VA 23219

Phone:
Email:

Building Location:
RESIDENCE INN
710 TRAMPTON RD
SANDSTON, VA 23150

Elevator Location ID:	ELVLOC-2024-000046	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
QTS RICHMOND I DC6 LLC
ATTN: Keith Rigsby
6601 College Blvd
OVERLAND PARK , KS 66211

Phone:
Email:

Building Location:
QTS RICHMOND I DC6 LLC
3520 PORTUGEE RD
SANDSTON, VA 23150

Elevator Location ID:	ELVLOC-2024-000057	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Electric Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
QTS RICHMOND I DC6 LLC
ATTN: Keith Rigsby
6601 College Blvd
OVERLAND PARK , KS 66211

Phone:
Email:

Building Location:
QTS RICHMOND I DC6 LLC
3520 PORTUGEE RD
SANDSTON, VA 23150

Elevator Location ID:	ELVLOC-2024-000057	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	2	**Key Location:**	
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Periodic, Category 1**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
QTS RICHMOND I DC6 LLC
ATTN: Keith Rigsby
6601 College Blvd
OVERLAND PARK , KS 66211

Phone:
Email:

Building Location:
QTS RICHMOND I DC6 LLC
3520 PORTUGEE RD
SANDSTON, VA 23150

Elevator Location ID:	ELVLOC-2024-000057	**Code in Effect:**	ASME A17.1 - 2016
Equipment Sequence:	3	**Key Location:**	
Elevator Type:	Roped Hydraulic Elevator	**Alarm Status:**	
Inspections for July:	**Category 1, Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
CBRE
ATTN: JOHN GALLAGHER
1802 BAYBERRY CT
SUITE 201
HENRICO, VA 23226

Phone: (609) 610-2612
Email: john.gallagher4@cbre.com

Building Location:
WEST BROAD VILLAGE A-4
2250 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Elevator Location ID:	ELVLOC-2025-000002	**Code in Effect:**	2000
Equipment Sequence:	1	**Key Location:**	KEY BOX - A8
Elevator Type:	Hydraulic Elevator	**Alarm Status:**	ALARMED
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov

County of Henrico, Virginia
Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
JP GASKINS LLC
ATTN: MAYUSH MEHTA
8010 W BROAD ST
JP GASKINS LLC
Richmond, VA 23294

Phone: (919) 264-8381
Email: mayush@jbhospitality.com

Building Location:
JP GASKINS LLC
9950 INDEPENDENCE PARK DR
HENRICO, VA 23233

Elevator Location ID:	ELVLOC-2025-000028	**Code in Effect:**	ASME 17.1 – 2019
Equipment Sequence:	1	**Key Location:**	
Elevator Type:	Other	**Alarm Status:**	
Inspections for July:	**Periodic**		

I have reviewed and understand the requirements of The Building Official's Third-Party Inspection Policy. This equipment has been inspected and/or tested in accordance with all requirements of the VA USBC/VMC and The Building Official's Third-Party Inspection Policy.

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

Elevator Tech Name (Print): _____ Tradesman Certification Number: _____

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
Please use a separate sheet for each elevator

Submit Elevator Reports to: ElevatorInspectionReports@henrico.gov