



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:
FAREVA
ATTN: SHANE HORNE
2248 DARBYTOWN RD
HENRICO, VA 23231

Building Location:
FAREVA
2248 DARBYTOWN RD
HENRICO, VA 23231

Phone:
Email: shorne.richmond@fareva.com

Elevator Location ID:	ELVLOC-2001-00650	Code in Effect:	1993
Equipment Sequence:	5	Key Location:	JOE MORRELL
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

Department of Building Construction and Inspections
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Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

JLL
ATTN: JACOB PRINCE
7201 GLEN FOREST DR
RICHMOND, VA 23226

Building Location:

HIGHLAND I BUILDING
7231 FOREST AVE
HENRICO, VA 23226

Phone: (804) 514-1029

Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00704

Code in Effect: 1990

Equipment Sequence: 2

Key Location: RM.100=STEEL SERVS.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

JLL
 ATTN: JACOB PRINCE
 7201 GLEN FOREST DR
 RICHMOND, VA 23226

Building Location:

HIGHLANDS II OFFICE BLDG
 7229 FOREST AVE
 HENRICO, VA 23226

Phone: (804) 514-1029
 Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00705
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1990
Key Location: SEE MAINT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Owner / Agent:
 JLL
 ATTN: JACOB PRINCE
 7201 GLEN FOREST DR
 RICHMOND, VA 23226

Building Location:
 HIGHLANDS II OFFICE BLDG
 7229 FOREST AVE
 HENRICO, VA 23226

Phone: (804) 514-1029
 Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00705
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1990
Key Location: SEE MAINT.
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 TGC 7110 FOREST LLC
 ATTN: SUSAN POWELL
 5447 HAINES RD, #508
 ST PETERSBURG, FL 33714

Building Location:
 FOREST FINANCIAL BUILDING
 7110 FOREST AVE
 HENRICO, VA 23226

Phone: (804) 837-2434
 Email: susan@tgcmgt.com

Elevator Location ID:	ELVLOC-2001-00715	Code in Effect:	1981
Equipment Sequence:	1	Key Location:	KEY BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 JLL
 ATTN: JACOB PRINCE
 7201 GLEN FOREST DR
 RICHMOND, VA 23226

Building Location:
 FOREST PLAZA II
 7275 GLEN FOREST DR
 HENRICO, VA 23226

Phone: (804) 514-1029
 Email: Jacob.Prince@jll.com

Elevator Location ID:	ELVLOC-2001-00716	Code in Effect:	1981
Equipment Sequence:	1	Key Location:	LOBBY LOCK BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Owner / Agent:

JLL
ATTN: JACOB PRINCE
7201 GLEN FOREST DR
RICHMOND, VA 23226

Building Location:

FOREST PLAZA II
7275 GLEN FOREST DR
HENRICO, VA 23226

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00716
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1981
Key Location: LOBBY LOCK BOX
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Owner / Agent:

JLL
ATTN: JACOB PRINCE
7201 GLEN FOREST DR
RICHMOND, VA 23226

Building Location:

HILLCREST OFFICE BLDG
1801 BAYBERRY CT
HENRICO, VA 23226

Phone: (804) 514-1029
Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00717

Code in Effect: 1993

Equipment Sequence: 1

Key Location: LOBBY LOCK BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: **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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Owner / Agent:
 JLL
 ATTN: JACOB PRINCE
 7201 GLEN FOREST DR
 RICHMOND, VA 23226

Building Location:
 HILLCREST OFFICE BLDG
 1801 BAYBERRY CT
 HENRICO, VA 23226

Phone: (804) 514-1029
 Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00717
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1993
Key Location: LOBBY LOCK BOX
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
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Owner / Agent:
 JLL
 ATTN: JACOB PRINCE
 7201 GLEN FOREST DR
 RICHMOND, VA 23226

Building Location:
 HILLCREST OFFICE BLDG
 1801 BAYBERRY CT
 HENRICO, VA 23226

Phone: (804) 514-1029
 Email: Jacob.Prince@jll.com

Elevator Location ID: ELVLOC-2001-00717
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1993
Key Location: LOBBY LOCK BOX
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: CARRINGTON PARRISH
 PO BOX 13470
 RICHMOND, VA 23225

Building Location:
 I P C TECHNOLOGIES BLDG
 7200 GLEN FOREST DR
 HENRICO, VA 23226

Phone: (804) 741-1368
 Email: amy.rowe@colliers.com

Elevator Location ID:	ELVLOC-2001-00723	Code in Effect:	1978
Equipment Sequence:	1	Key Location:	BOX ON M.R. DOOR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VERNON NORRIS
ATTN: CRYSTAL MARIO
3009 LINCOLN AVE
HENRICO, VA 23228

Building Location:
VERNON NORRIS BUILDING
3009 LINCOLN AVE
HENRICO, VA 23228

Phone: (703) 229-8306
Email: cmario@rivannadesigns.com

Elevator Location ID:	ELVLOC-2001-00730	Code in Effect:	1955
Equipment Sequence:	1	Key Location:	BREAK GLASS BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

RIVER RD PRESBYTERIAN CHURCH
 ATTN: SUSAN HOCKMAN
 8960 RIVER RD
 HENRICO, VA 23229

Building Location:

RIVER RD PRESBYTERIAN CHURCH
 8960 RIVER RD
 HENRICO, VA 23229

Phone: (804) 740-7083

Email: susanhockman@rrpcusa.org

Elevator Location ID: ELVLOC-2001-00804

Code in Effect: 1993

Equipment Sequence: 1

Key Location: CHURCH OFFICE CLOSET

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: 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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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THIRD CHURCH INC
ATTN: RUSTY GREGG
500 FOREST AVE
HENRICO, VA 23229

Building Location:
THIRD CHURCH INC
600 FOREST AVE
HENRICO, VA 23229

Phone: (804) 282-4645 Ext. 1226
Email: rustyg@thirdrva.org

Elevator Location ID: ELVLOC-2001-00811
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1988
Key Location: OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAHEEN LAW FIRM
ATTN: MATT RAY
8890 THREE CHOPT RD
HENRICO, VA 23229

Building Location:
SHAHEEN & SHAHEEN BLDG.
8890 THREE CHOPT RD
HENRICO, VA 23229

Phone: (804) 285-6406
Email: mray@shaheenlaw.com

Elevator Location ID: ELVLOC-2001-00834
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1993
Key Location: RECPT.DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FVD REAL ESTATE CORP
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:
WESTGATE I
100 WESTGATE PKWY
HENRICO, VA 23233-7788

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

Elevator Location ID: ELVLOC-2001-00841 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** SECURITY DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
FVD REAL ESTATE CORP
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:
WESTGATE I
100 WESTGATE PKWY
HENRICO, VA 23233-7788

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

Elevator Location ID:	ELVLOC-2001-00841	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	SECURITY DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 INNSBROOK LLC
 ATTN: CATHERINE LINGERFELT
 4198 COX RD SUITE 200
 GLEN ALLEN, VA 23060

Building Location:
 WESTGATE II
 200 WESTGATE PKWY
 HENRICO, VA 23233-7794

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

Elevator Location ID:	ELVLOC-2001-00846	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	SECURITY DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
INNSBROOK LLC
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:
WESTGATE II
200 WESTGATE PKWY
HENRICO, VA 23233-7794

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

Elevator Location ID:	ELVLOC-2001-00846	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	SECURITY DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
UNITED BANK
ATTN: SHELBY TOLLIVER
9951 BROOK RD
GLEN ALLEN, VA 23060

Building Location:
UNITED BANK
9951 BROOK RD
GLEN ALLEN, VA 23059

Phone: (804) 262-3991
Email: shelby.tolliver@bankwithunited.co

Elevator Location ID:	ELVLOC-2001-00857	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
DONEGAL INSURANCE GROUP
ATTN: NOLAND DEAS
801 VIRGINIA VILLAGE DR
GLEN ALLEN, VA 23059

Building Location:
DONEGAL INSURANCE BLDG.
801 VIRGINIA VILLAGE DR
GLEN ALLEN, VA 23059

Phone: (804) 266-7012
Email: nolanddeas@donegalgroup.com

Elevator Location ID: ELVLOC-2001-00862 **Code in Effect:** 1978
Equipment Sequence: 1 **Key Location:** FRONT DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for May: **Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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 P.O. Box 90775
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 COLLIERS INTERNATIONAL
 ATTN: CARRINGTON PARRISH
 PO BOX 13470
 RICHMOND, VA 23225

Building Location:
 INNSBROOK PLACE
 5020 SADLER PL
 GLEN ALLEN, VA 23060

Phone: (804) 741-1368
 Email: amy.rowe@colliers.com

Elevator Location ID: ELVLOC-2001-00891
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VITALITY LIVING WEST END
 ATTN: Joseph Catrambone
 1800 GASKINS RD
 HENRICO, VA 23238

Building Location:
 VITALITY LIVING WEST END
 1800 GASKINS RD
 HENRICO, VA 23238

Phone: (804) 741-8880
 Email: jcatrambone@myvitalityliving.com

Elevator Location ID: ELVLOC-2001-00897 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** LOBBY FIRE BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for May: **Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VITALITY LIVING WEST END
 ATTN: Joseph Catrambone
 1800 GASKINS RD
 HENRICO, VA 23238

Building Location:
 VITALITY LIVING WEST END
 1800 GASKINS RD
 HENRICO, VA 23238

Phone: (804) 741-8880
 Email: jcatrambone@myvitalityliving.com

Elevator Location ID:	ELVLOC-2001-00897	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	LOBBY FIRE BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ST MARY'S CHURCH
 ATTN: JEFF SEACHRIST
 9505 GAYTON RD
 HENRICO, VA 23229

Building Location:
 ST MARYS CHURCH
 9505 GAYTON RD
 HENRICO, VA 23229

Phone: (804) 740-4044
 Email: jseachrist@stmarysrichmond.org

Elevator Location ID: ELVLOC-2001-00898 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** FIRE BOX AT L.L.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for May: **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:

THALHIMERS INC.
ATTN: NATHAN VAN ARSDALE
PO BOX 5160
GLEN ALLEN, VA 23058

Building Location:

WESTMARK I
11011 W BROAD ST
HENRICO, VA 23233

Phone: (804) 697-3568

Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID: ELVLOC-2001-00900

Code in Effect: 1971

Equipment Sequence: 1

Key Location: SECURITY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for May: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THALHIMERS INC.
ATTN: NATHAN VAN ARSDALE
PO BOX 5160
GLEN ALLEN, VA 23058

Building Location:

WESTMARK I
11011 W BROAD ST
HENRICO, VA 23233

Phone: (804) 697-3568

Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID: ELVLOC-2001-00900

Code in Effect: 1971

Equipment Sequence: 2

Key Location: SECURITY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for May: **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 INC.
 ATTN: NATHAN VAN ARSDALE
 PO BOX 5160
 GLEN ALLEN, VA 23058

Building Location:
 WESTMARK I
 11011 W BROAD ST
 HENRICO, VA 23233

Phone: (804) 697-3568
 Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID:	ELVLOC-2001-00900	Code in Effect:	1971
Equipment Sequence:	3	Key Location:	SECURITY
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THALHIMERS INC.
ATTN: NATHAN VAN ARSDALE
PO BOX 5160
GLEN ALLEN, VA 23058

Building Location:

WESTMARK I
11011 W BROAD ST
HENRICO, VA 23233

Phone: (804) 697-3568
Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID: ELVLOC-2001-00900

Code in Effect: 1971

Equipment Sequence: 4

Key Location: SECURITY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

Building Location:
WESTMARK I
11011 W BROAD ST
HENRICO, VA 23233

Phone: (804) 697-3568
Email: nathan.vanarsdale@thalhimer.com

Elevator Location ID: ELVLOC-2001-00900
Equipment Sequence: 5
Elevator Type: Electric Elevator
Inspections for May: **Periodic**

Code in Effect: 1971
Key Location: SECURITY
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 REGIONAL HEADQUARTERS, INC.
 ATTN: JOHN REED
 4201 DOMINION BLVD
 GLEN ALLEN, VA 23060

Building Location:
 ELECTRICAL COOPERATIVES BLDG.
 4201 DOMINION BLVD
 GLEN ALLEN, VA 23060

Phone: (804) 968-4013
 Email: jreed@odec.com

Elevator Location ID:	ELVLOC-2001-00906	Code in Effect:	1984
Equipment Sequence:	1	Key Location:	RECPT. DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
REGIONAL HEADQUARTERS, INC.
ATTN: JOHN REED
4201 DOMINION BLVD
GLEN ALLEN, VA 23060

Building Location:
ELECTRICAL COOPERATIVES BLDG.
4201 DOMINION BLVD
GLEN ALLEN, VA 23060

Phone: (804) 968-4013
Email: jreed@odec.com

Elevator Location ID: ELVLOC-2001-00906
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1984
Key Location: RECPT. DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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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:
 ACE USA BUILDING
 4198 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00908	Code in Effect:	1978
Equipment Sequence:	1	Key Location:	BRK.GLASS KEYBOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

RANGE COMMERCIAL
ATTN: ALLY PATTERSON
4235 INNSLAKE DR SUITE 200
GLEN ALLEN, VA 23060

Building Location:

BENCHMARK MORTGAGE
4235 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 796-0500

Email: apatterson@rangecommercial.com

Elevator Location ID: ELVLOC-2001-00909

Code in Effect: 1981

Equipment Sequence: 1

Key Location: 2ND\FL RECPT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
INDEPENDENT CONTAINER LINE
ATTN: LISA MORGAN
4222 COX RD
HENRICO, VA 23060

Building Location:
INDEPENDENT CONTAINER LINE
4222 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 222-2220
Email: lisa.morgan@icl-ltd.com

Elevator Location ID: ELVLOC-2001-00910
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1981
Key Location: KEYBOX
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ST MARY'S WOODS
ATTN: JOTANYA BELTON
1257 MARYWOOD LN
HENRICO, VA 23229

Building Location:
ST. MARYS WOODS APARTMENTS
1257 MARYWOOD LN
HENRICO, VA 23229

Phone: (804) 741-8624
Email: jotanya.belton@stmaryswoods.com

Elevator Location ID: ELVLOC-2001-00922
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1987
Key Location: OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ST MARY'S WOODS
 ATTN: JOTANYA BELTON
 1257 MARYWOOD LN
 HENRICO, VA 23229

Building Location:
 ST. MARYS WOODS APARTMENTS
 1257 MARYWOOD LN
 HENRICO, VA 23229

Phone: (804) 741-8624
 Email: jotanya.belton@stmaryswoods.com

Elevator Location ID: ELVLOC-2001-00922
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1987
Key Location: OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MARYWOOD APARTMENTS
ATTN: JASON WALLER
1261 MARYWOOD LN
HENRICO, VA 23229

Building Location:
MARYWOOD APARTMENTS
1261 MARYWOOD LN
HENRICO, VA 23229

Phone: (804) 740-5567
Email: jwaller@marywoodapartments.org

Elevator Location ID: ELVLOC-2001-00923
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 1981/2013
Key Location: OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MARYWOOD APARTMENTS
ATTN: JASON WALLER
1261 MARYWOOD LN
HENRICO, VA 23229

Building Location:
MARYWOOD APARTMENTS
1261 MARYWOOD LN
HENRICO, VA 23229

Phone: (804) 740-5567
Email: jwaller@marywoodapartments.org

Elevator Location ID: ELVLOC-2001-00923
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 1981/2013
Key Location: OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THIRD CHURCH INC
ATTN: VALERIE HOLLAND
500 FOREST AVE
HENRICO, VA 23229

Building Location:
THIRD CHURCH INC
500 FOREST AVE
HENRICO, VA 23229

Phone: (804) 282-4645
Email: finance@third.org

Elevator Location ID: ELVLOC-2001-00930
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 1984
Key Location: 1ST. FLOOR
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

INNSBROOK LLC
ATTN: CATHERINE LINGERFELT
4198 COX RD SUITE 200
GLEN ALLEN, VA 23060

Building Location:

ROWE PLAZA
4510 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 433-1804

Email: phogan@commonwealthcommercia

Elevator Location ID: ELVLOC-2001-00937

Code in Effect: 1984

Equipment Sequence: 1

Key Location: ROOM 103

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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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:
ROWE PLAZA
4510 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00937	Code in Effect:	1984
Equipment Sequence:	2	Key Location:	ROOM 103
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TOWNE BANK
ATTN: JIMMY FITCH
4501 COX RD
GLEN ALLEN, VA 23060

Building Location:
TOWNE BANK
4501 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 249-2279
Email: jimmy.fitch@colliers.com

Elevator Location ID: ELVLOC-2001-00947
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 1987/2010
Key Location: Annette Osterbind
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
TOWNE BANK
ATTN: JIMMY FITCH
4501 COX RD
GLEN ALLEN, VA 23060

Building Location:
TOWNE BANK
4501 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 249-2279
Email: jimmy.fitch@colliers.com

Elevator Location ID:	ELVLOC-2001-00947	Code in Effect:	1987/2010
Equipment Sequence:	2	Key Location:	CINDY WOMACK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

WESTMARK II
11013 W BROAD ST
HENRICO, VA 23233

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

Elevator Location ID: ELVLOC-2001-00950

Code in Effect: 1971

Equipment Sequence: 1

Key Location: GUARD DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
 WESTMARK II
 11013 W BROAD ST
 HENRICO, VA 23233

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

Elevator Location ID:	ELVLOC-2001-00950	Code in Effect:	1971
Equipment Sequence:	2	Key Location:	GUARD DESK
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

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

Building Location:
WESTMARK II
11013 W BROAD ST
HENRICO, VA 23233

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

Elevator Location ID: ELVLOC-2001-00950 **Code in Effect:** 1971
Equipment Sequence: 3 **Key Location:** GUARD DESK
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
WESTMARK II
11013 W BROAD ST
HENRICO, VA 23233

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

Elevator Location ID:	ELVLOC-2001-00950	Code in Effect:	1971
Equipment Sequence:	4	Key Location:	GUARD DESK
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
 WESTMARK II
 11013 W BROAD ST
 HENRICO, VA 23233

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

Elevator Location ID:	ELVLOC-2001-00950	Code in Effect:	1971
Equipment Sequence:	5	Key Location:	GUARD DESK
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SUNRISE SENIOR LIVING
ATTN: Charles Meade
12401 Gayton Rd.
Henrico, VA 23238

Building Location:
SUNRISE VILLA TUCKAHOE
12401 GAYTON RD
HENRICO, VA 23238-2291

Phone: (804) 741-1011
Email: tuckahoe.des@sunriseseniorliving.c

Elevator Location ID:	ELVLOC-2001-00960	Code in Effect:	2004
Equipment Sequence:	4	Key Location:	FRONT DESK
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for May:	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

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SUNRISE SENIOR LIVING
ATTN: Charles Meade
12401 Gayton Rd.
Henrico, VA 23238

Building Location:
SUNRISE VILLA TUCKAHOE
12401 GAYTON RD
HENRICO, VA 23238-2291

Phone: (804) 741-1011
Email: tuckahoe.des@sunriseseniorliving.c

Elevator Location ID:	ELVLOC-2001-00960	Code in Effect:	2004
Equipment Sequence:	5	Key Location:	FRONT DESK
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for May:	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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 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:
 MARKEL 4501
 4501 HIGHWOODS PKWY
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00978
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 1993
Key Location: BOX AT FRT. ENTRANCE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 EXTENDED STAY AMERICA
 ATTN: STEVEN PATTERSON
 4231 PARK PLACE CT
 GLEN ALLEN, VA 23060

Building Location:
 EXTENDED STAY AMERICA
 4231 PARK PLACE CT
 GLEN ALLEN, VA 23060

Phone: (804) 747-5253
 Email: steve.patterson@marriott.com

Elevator Location ID:	ELVLOC-2001-00982	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	MANAGERS OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	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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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ESA CERT MGMT
ATTN: LERCH BATES
9780 S MERIDIAN BLVD SUITE 450
ENGLEWOOD, CO 80112

Building Location:
EXTENDED STAY HOTEL
6807 PARAGON PL
HENRICO, VA 23230

Phone: (303) 795-7956
Email: extendedstay.elevators@lerchbates

Elevator Location ID:	ELVLOC-2001-00985	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for May:	Category 1, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WEST END PRESBYTERIAN CHURCH
 ATTN: KRISTIN TETTETON
 9008 QUIOCCASIN RD
 HENRICO, VA 23229

Building Location:
 WEST END PRESBYTERIAN CHURCH
 9008 QUIOCCASIN RD
 HENRICO, VA 23229

Phone: (804) 741-6562
 Email: kristin@wepc.org

Elevator Location ID: ELVLOC-2008-01345 **Code in Effect:** ASME A18.1 - 2008
Equipment Sequence: 2 **Key Location:**
Elevator Type: Inclined Stairway Chairlift **Alarm Status:**
Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
NOBILITY INVESTMENTS LLC
ATTN: MAYUR PATEL
6627 W BROAD ST SUITE 300
RICHMOND, VA 23230

Building Location:
HAMPTON INN & SUITES
5406 GLENSIDE DR
HENRICO, VA 23228

Phone: (804) 756-1777
Email: mayur.patel@kmhotels.com

Elevator Location ID: ELVLOC-2009-01393
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 2004
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 NOBILITY INVESTMENTS LLC
 ATTN: MAYUR PATEL
 6627 W BROAD ST SUITE 300
 RICHMOND, VA 23230

Building Location:
 HAMPTON INN & SUITES
 5406 GLENSIDE DR
 HENRICO, VA 23228

Phone: (804) 756-1777
 Email: mayur.patel@kmhotels.com

Elevator Location ID: ELVLOC-2009-01393
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Category 1, Periodic**

Code in Effect: 2004
Key Location: FRONT DESK
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GLEN ALLEN BAPTIST CHURCH
 ATTN: FORREST MELTON
 3028 MOUNTAIN RD
 GLEN ALLEN, VA 23060-2001

Building Location:
 GLEN ALLEN BAPTIST CHURCH
 3028 MOUNTAIN RD
 GLEN ALLEN, VA 23060

Phone: (804) 839-3132
 Email: melton@sent.com

Elevator Location ID: ELVLOC-2010-01469
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 2004/2005
Key Location: OFFICE
Alarm Status: Not Alarmed

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WOOD SPRING SUITES
 ATTN: TAMMY RADFORD
 7200 GLEN FOREST DR STE 200
 RICHMOND, VA 23226

Building Location:
 WOOD SPRING SUITES
 6900 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 269-7746
 Email: gm.va765@woodspring.com

Elevator Location ID: ELVLOC-2012-01550 **Code in Effect:** 2005
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **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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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VEDC
 ATTN: TERRY MYATT
 6050 TECHNOLOGY CREEK DR
 SANDSTON, VA 23150

Building Location:
 BANK OF AMERICA - DATA CENTER
 6050 TECHNOLOGY CREEK DR
 SANDSTON, VA 23150

Phone: (804) 553-6208
 Email: terry.myatt@cbre.com

Elevator Location ID:	ELVLOC-2012-01555	Code in Effect:	2005
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VEDC
ATTN: TERRY MYATT
6050 TECHNOLOGY CREEK DR
SANDSTON, VA 23150

Building Location:
BANK OF AMERICA - DATA CENTER
6050 TECHNOLOGY CREEK DR
SANDSTON, VA 23150

Phone: (804) 553-6208
Email: terry.myatt@cbre.com

Elevator Location ID: ELVLOC-2012-01555 **Code in Effect:** 2005
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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 P.O. Box 90775
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MINI PRICE STORAGE
 ATTN: MELISSA OXENDINE
 2900 SABRE ST SUITE 75
 VIRGINIA BEACH, VA 23452

Building Location:
 MINI PRICE STORAGE
 3511 PEMBERTON RD
 HENRICO, VA 23233

Phone: (757) 468-7509
 Email: melissa.oxendine@minipricestorag

Elevator Location ID: ELVLOC-2016-01786 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **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:
MINI PRICE STORAGE
ATTN: MELISSA OXENDINE
2900 SABRE ST SUITE 75
VIRGINIA BEACH, VA 23452

Building Location:
MINI PRICE STORAGE
3511 PEMBERTON RD
HENRICO, VA 23233

Phone: (757) 468-7509
Email: melissa.oxendine@minipricestorag

Elevator Location ID: ELVLOC-2016-01786 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MINI PRICE STORAGE
 ATTN: MELISSA OXENDINE
 2900 SABRE ST SUITE 75
 VIRGINIA BEACH, VA 23452

Building Location:
 MINI PRICE STORAGE
 3511 PEMBERTON RD
 HENRICO, VA 23233

Phone: (757) 468-7509
 Email: melissa.oxendine@minipricestorag

Elevator Location ID:	ELVLOC-2016-01786	Code in Effect:	2010
Equipment Sequence:	3	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GAYTON PROPERTIES LLC
 ATTN: JIM BONNELL
 706 OLD STREAM RD
 MANAKIN SABOT, VA 23103

Building Location:
 MANORHOUSE ASSISTED LIVING
 13500 N GAYTON RD
 HENRICO, VA 23233-7025

Phone: (804) 270-7255
 Email: jbonnell@manorhouseretirement.c

Elevator Location ID: ELVLOC-2017-01797 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia
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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:
GAYTON PROPERTIES LLC
ATTN: JIM BONNELL
706 OLD STREAM RD
MANAKIN SABOT, VA 23103

Building Location:
MANORHOUSE ASSISTED LIVING
13500 N GAYTON RD
HENRICO, VA 23233-7025

Phone: (804) 270-7255
Email: jbonnell@manorhouseretirement.c

Elevator Location ID: ELVLOC-2017-01797 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GAYTON PROPERTIES LLC
 ATTN: JIM BONNELL
 706 OLD STREAM RD
 MANAKIN SABOT, VA 23103

Building Location:
 MANORHOUSE ASSISTED LIVING
 13500 N GAYTON RD
 HENRICO, VA 23233-7025

Phone: (804) 270-7255
 Email: jbonnell@manorhouseretirement.c

Elevator Location ID: ELVLOC-2017-01797
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic, Category 1**

Code in Effect: 2010
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

Inspection / Test Results
 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:
 AMPLE STORAGE CENTER
 ATTN: ANGELA MASENGILL
 5500 BROOK RD
 RICHMOND, VA 23227

Building Location:
 AMPLE STORAGE CENTER
 5500 BROOK RD
 HENRICO, VA 23228

Phone: (804) 266-1111
 Email: brook@amplestoragecenter.com

Elevator Location ID: ELVLOC-2017-01805 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AMPLE STORAGE CENTER
ATTN: ANGELA MASENGILL
5500 BROOK RD
RICHMOND, VA 23227

Building Location:
AMPLE STORAGE CENTER
5500 BROOK RD
HENRICO, VA 23228

Phone: (804) 266-1111
Email: brook@amplestoragecenter.com

Elevator Location ID:	ELVLOC-2017-01805	Code in Effect:	2010
Equipment Sequence:	2	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
MONUMENT SQUARE CONDO. BLDG 1 -
5201 MONUMENT AVE
275 FINIAL AVE
HENRICO, VA 23226

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

Elevator Location ID:	ELVLOC-2017-01806	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	Category 1, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
PUBLIC STORAGE
ATTN: BRANDI BAILEY
8701 STAPLES MILL RD
HENRICO, VA 23228

Building Location:
PUBLIC STORAGE
8701 STAPLES MILL RD
HENRICO, VA 23228

Phone: (469) 808-0732
Email: bbailey@publicstorage.com

Elevator Location ID: ELVLOC-2017-01827
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

PUBLIC STORAGE
ATTN: BRANDI BAILEY
8701 STAPLES MILL RD
HENRICO, VA 23228

Building Location:

PUBLIC STORAGE
8701 STAPLES MILL RD
HENRICO, VA 23228

Phone: (469) 808-0732
Email: bbailey@publicstorage.com

Elevator Location ID: ELVLOC-2017-01827
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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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:

LIFE STORAGE 06428
ATTN: Douglas Cramer
4250 Tom Leonard Dr
Glen Allen, VA 23060

Building Location:

LIFE STORAGE 06428
4250 TOM LEONARD DR
GLEN ALLEN, VA 23060

Phone: (804) 571-4805
Email: fac3538@extraspaces.com

Elevator Location ID: ELVLOC-2017-01834
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for May: **Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
LIFE STORAGE 06428
ATTN: Douglas Cramer
4250 Tom Leonard Dr
Glen Allen, VA 23060

Building Location:
LIFE STORAGE 06428
4250 TOM LEONARD DR
GLEN ALLEN, VA 23060

Phone: (804) 571-4805
Email: fac3538@extraspace.com

Elevator Location ID:	ELVLOC-2017-01834	Code in Effect:	2010
Equipment Sequence:	2	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	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:
ROCKETTS BLK 18/PENN REALTY
ATTN: TIFFANY NOWAK
5101 OLD MAIN ST
HENRICO, VA 23231

Building Location:
ROCKETTS BLOCK 18 LLC
5101 OLD MAIN ST
HENRICO, VA 23231

Phone: (804) 335-1413
Email: tnowak@prgrealstate.com

Elevator Location ID: ELVLOC-2017-01870 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for May: **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:
ROCKETTS BLK 18/PENN REALTY
ATTN: TIFFANY NOWAK
5101 OLD MAIN ST
HENRICO, VA 23231

Building Location:
ROCKETTS BLOCK 18 LLC
5101 OLD MAIN ST
HENRICO, VA 23231

Phone: (804) 335-1413
Email: tnowak@prgrealstate.com

Elevator Location ID: ELVLOC-2017-01870 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for May: **Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: SERENA MEADOR
PO BOX 13470
RICHMOND, VA 23225

Building Location:
GREENGATE OFFICE BUILDING
3400 HAYDENPARK LN
HENRICO, VA 23233-7604

Phone: (804) 237-8082
Email: serena.meador@colliers.com

Elevator Location ID:	ELVLOC-2018-01881	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
COLLIERS INTERNATIONAL
ATTN: SERENA MEADOR
PO BOX 13470
RICHMOND, VA 23225

Building Location:
GREENGATE OFFICE BUILDING
3400 HAYDENPARK LN
HENRICO, VA 23233-7604

Phone: (804) 237-8082
Email: serena.meador@colliers.com

Elevator Location ID:	ELVLOC-2018-01881	Code in Effect:	2010
Equipment Sequence:	2	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	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:
 AMPLE SELF STORAGE
 ATTN: Gail Dilda
 4901 NINE MILE RD
 RICHMOND, VA 23233-5738

Building Location:
 AMPLE SELF STORAGE
 4901 NINE MILE RD
 HENRICO, VA 23223

Phone: (804) 640-2481
 Email: gaild@amplestoragecenter.com

Elevator Location ID:	ELVLOC-2018-01912	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	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:
 GUMENICK PROPERTIES
 ATTN: SHELBY WEST
 5001 LIBBIE MILL EAST BLVD
 HENRICO, VA 23230

Building Location:
 GUMENICK PROPERTIES
 5001 LIBBIE MILL EAST BLVD #1
 HENRICO, VA 23230

Phone: (833) 810-0134
 Email: swest@gumprop.com

Elevator Location ID:	ELVLOC-2018-01914	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for May:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GUMENICK PROPERTIES
ATTN: SHELBY WEST
5001 LIBBIE MILL EAST BLVD
HENRICO, VA 23230

Building Location:
GUMENICK PROPERTIES
5001 LIBBIE MILL EAST BLVD #1
HENRICO, VA 23230

Phone: (833) 810-0134
Email: swest@gumprop.com

Elevator Location ID: ELVLOC-2018-01914 **Code in Effect:** 2010
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GUMENICK PROPERTIES
ATTN: SHELBIE WEST
5001 LIBBIE MILL EAST BLVD
HENRICO, VA 23230

Building Location:
GUMENICK PROPERTIES
5001 LIBBIE MILL EAST BLVD #1
HENRICO, VA 23230

Phone: (833) 810-0134
Email: swest@gumprop.com

Elevator Location ID: ELVLOC-2018-01914
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for May: **Periodic**

Code in Effect: 2010
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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:
 KHUSHAL LLC
 ATTN: RAVI PATEL
 5252 AIRPORT SQUARE LN
 SANDSTON, VA 23150

Building Location:
 FAIRFIELD INN & SUITES
 5252 AIRPORT SQUARE LN
 SANDSTON, VA 23150

Phone: (804) 226-1100
 Email: ravi.patel@sinahospitality.com

Elevator Location ID: ELVLOC-2018-01940 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for May: **Periodic, Category 1**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
KHUSHAL LLC
ATTN: RAVI PATEL
5252 AIRPORT SQUARE LN
SANDSTON, VA 23150

Building Location:
FAIRFIELD INN & SUITES
5252 AIRPORT SQUARE LN
SANDSTON, VA 23150

Phone: (804) 226-1100
Email: ravi.patel@sinahospitality.com

Elevator Location ID:	ELVLOC-2018-01940	Code in Effect:	2010
Equipment Sequence:	2	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for May:	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:
 FOUR MILE CREEK BAPTIST CHURCH
 ATTN: HENRY NELSON
 2950 NEW MARKET RD
 HENRICO, VA 23231-7501

Building Location:
 FOUR MILE CREEK BAPTIST CHURCH
 2950 NEW MARKET RD
 HENRICO, VA 23231

Phone: (804) 795-2044
 Email: manels9@verizon.net

Elevator Location ID: ELVLOC-2019-01991 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Roped Hydraulic Elevator **Alarm Status:**
Inspections for May: **Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

GS SHORT PUMP AA APT. OWNER LLC
 ATTN: DAVE ARNETT
 12651 THREE CHOPT RD
 HENRICO, VA 23233

Building Location:

EVERLEIGH SHORT PUMP APTS
 12651 THREE CHOPT RD
 HENRICO, VA 23233

Phone: (804) 362-5000
 Email: everleighshortpump@greystar.com

Elevator Location ID: ELVLOC-2020-02099 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GS SHORT PUMP AA APT. OWNER LLC
 ATTN: DAVE ARNETT
 12651 THREE CHOPT RD
 HENRICO, VA 23233

Building Location:
 EVERLEIGH SHORT PUMP APTS
 12651 THREE CHOPT RD
 HENRICO, VA 23233

Phone: (804) 362-5000
 Email: everleighshortpump@greystar.com

Elevator Location ID:	ELVLOC-2020-02099	Code in Effect: 2013
Equipment Sequence:	2	Key Location:
Elevator Type:	Electric Elevator	Alarm Status:
Inspections for May:	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:
 GS SHORT PUMP AA APT. OWNER LLC
 ATTN: DAVE ARNETT
 12651 THREE CHOPT RD
 HENRICO, VA 23233

Building Location:
 EVERLEIGH SHORT PUMP APTS
 12651 THREE CHOPT RD
 HENRICO, VA 23233

Phone: (804) 362-5000
 Email: everleighshortpump@greystar.com

Elevator Location ID: ELVLOC-2020-02099 **Code in Effect:** 2013
Equipment Sequence: 3 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for May: **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:
1420 N PARHAM ROAD LC
ATTN: GARLAND TAYLOR
13141 ASHLEYS BOREEN LN
GLEN ALLEN, VA 23059

Building Location:
SLOOP JOHN B
1420 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 334-1188
Email: ggtaylor4@gmail.com

Elevator Location ID: ELVLOC-2021-02157 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Roped Hydraulic Elevator **Alarm Status:**
Inspections for May: **Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GUMENICK PROPERTIES
 ATTN: ERIN MCGRATH
 5000 LIBBIE MILL EAST BLVD
 HENRICO, VA 23230

Building Location:
 WELLSMITH
 5000 LIBBIE MILL EAST BLVD
 HENRICO, VA 23230

Phone: (804) 370-8707
 Email: emcgrath@gumprop.com

Elevator Location ID: ELVLOC-2022-000011 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 GUMENICK PROPERTIES
 ATTN: ERIN MCGRATH
 5000 LIBBIE MILL EAST BLVD
 HENRICO, VA 23230

Building Location:
 WELLSMITH
 5000 LIBBIE MILL EAST BLVD
 HENRICO, VA 23230

Phone: (804) 370-8707
 Email: emcgrath@gumprop.com

Elevator Location ID: ELVLOC-2022-000011 **Code in Effect:** 2013
Equipment Sequence: 2 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____
 Inspector Signature: _____ Date: _____
 Elevator Contractor: _____
 Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
 Building Representation Contacted (Print): _____
 Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
GUMENICK PROPERTIES
ATTN: ERIN MCGRATH
5000 LIBBIE MILL EAST BLVD
HENRICO, VA 23230

Building Location:
WELLSMITH
5000 LIBBIE MILL EAST BLVD
HENRICO, VA 23230

Phone: (804) 370-8707
Email: emcgrath@gumprop.com

Elevator Location ID: ELVLOC-2022-000011
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for May: **Periodic**

Code in Effect: 2013
Key Location:
Alarm Status:

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

Inspector Name (Print): _____ Inspection Agency: _____
Inspector Signature: _____ Date: _____
Elevator Contractor: _____
Elevator Tech Name (Print): _____ Tradesman Certification Number: _____
Building Representation Contacted (Print): _____
Type of Inspection/Test Performed: _____

Inspection / Test Results
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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:
YMCA OF GREATER RICHMOND
ATTN: NICK MAIOLO, JR
201 W 7TH ST, SUITE 110
RICHMOND, VA 23224

Building Location:
TUCKAHOE FAMILY YMCA
9211 PATTERSON AVE
HENRICO, VA 23229

Phone: (804) 474-4441
Email: MAIOLON@YMCARICHMOND.ORG

Elevator Location ID: ELVLOC-2023-000007 Code in Effect: ASME A17.1 - 2016
Equipment Sequence: 1 Key Location:
Elevator Type: Hydraulic Elevator Alarm Status:
Inspections for May: Periodic

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

Inspector Name (Print): Inspection Agency:
Inspector Signature: Date:
Elevator Contractor:
Elevator Tech Name (Print): Tradesman Certification Number:
Building Representation Contacted (Print):
Type of Inspection/Test Performed:

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ASM GLOBAL
ATTN: WILL BERRYMAN
11000 TELEGRAPH RD
GLEN ALLEN, VA 23059

Building Location:

HENRICO COUNTY SPORTS & EVENTS CENTER
1 ALL STAR BLVD
GLEN ALLEN, VA 23059

Phone:

Email: WBERRYMAN@HENRICOCENTER.C

Elevator Location ID: ELVLOC-2023-000012

Code in Effect: ASME A17.1 - 2016

Equipment Sequence: 2

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

1701 Byrd Avenue LLC
ATTN: PLEASE PROVIDE A CONTACT NAME
1701 BYRD AVE
HENRICO, VA 23230

Building Location:

Willow Lawn Management Company
1600 WILLOW LAWN DR
HENRICO, VA 23230

Phone:

Email:

Elevator Location ID: ELVLOC-2023-000041

Code in Effect: ASME A17.1 – 2016

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ATTN: SWO LOGISTICS LLC
C/O QTS DATA CENTERS TAX DEPT
12851 FOSTER ST
OVERLAND PARK, KS 66213

Phone:

Email:

Building Location:

QTS RIC1 DC4
3560 PORTUGEE RD
SANDSTON, VA 23150

Elevator Location ID: ELVLOC-2024-000012

Code in Effect: ASME A17.1 - 2016

Equipment Sequence: 1

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ATTN: SWO LOGISTICS LLC
C/O QTS DATA CENTERS TAX DEPT
12851 FOSTER ST
OVERLAND PARK, KS 66213

Building Location:

QTS RIC1 DC4
3560 PORTUGEE RD
SANDSTON, VA 23150

Phone:
Email:

Elevator Location ID: ELVLOC-2024-000012

Code in Effect: ASME A17.1 - 2016

Equipment Sequence: 2

Key Location:

Elevator Type: Other

Alarm Status:

Inspections for May: **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:

SR 2001 Dabney Property Owner LLC
ATTN: SR 2001 Dabney Property Owner LLC
1310 ROSENEATH RD STE 200
Richmond, VA 23230

Building Location:

SR 2001 Dabney Property Owner LLC
2001 DABNEY RD
HENRICO, VA 23230

Phone:
Email:

Elevator Location ID:	ELVLOC-2024-000018	Code in Effect:	ASME A17.1 - 2016
Equipment Sequence:	1	Key Location:	
Elevator Type:	Roped Hydraulic Elevator	Alarm Status:	
Inspections for May:	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:

SR 2001 Dabney Property Owner LLC
ATTN: SR 2001 Dabney Property Owner LLC
1310 ROSENEATH RD STE 200
Richmond, VA 23230

Building Location:

SR 2001 Dabney Property Owner LLC
2001 DABNEY RD
HENRICO, VA 23230

Phone:

Email:

Elevator Location ID: ELVLOC-2024-000018

Code in Effect: ASME A17.1 - 2016

Equipment Sequence: 2

Key Location:

Elevator Type: Roped Hydraulic Elevator

Alarm Status:

Inspections for May: **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:

ATTN: WS FIVE LLC
 3600 PACIFIC AVE
 VIRGINIA BEACH, VA 23451

Building Location:

4615 WILLIAMSBURG RD
 4615 WILLIAMSBURG RD
 HENRICO, VA 23231

Phone:

Email:

Elevator Location ID: ELVLOC-2024-000033

Code in Effect: Woodspring Suites Extended Sta...

Equipment Sequence: 1

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

West End Islamic Center
ATTN: Imtiaz Sattar
5000 Shady Grove Rd.
Glen Allen, VA 23059

Building Location:

West End Islamic Center
5000 SHADY GROVE RD
GLEN ALLEN, VA 23059

Phone: (804) 814-4160
Email: imtiaz.sattar@weicrva.org

Elevator Location ID: ELVLOC-2024-000042

Code in Effect: ASME A17.1

Equipment Sequence: 1

Key Location:

Elevator Type: Roped Hydraulic Elevator

Alarm Status:

Inspections for May: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

SAM'S CLUB #6343
ATTN: LANDON GRIGG
9440 W BROAD ST
HENRICO, VA 23294

Building Location:

SAM'S CLUB #6343
9440 W BROAD ST
HENRICO, VA 23294

Phone: (469) 649-6378

Email: landon.grigg@samsclub.com

Elevator Location ID:	ELVLOC-2024-000055	Code in Effect:	2014
Equipment Sequence:	1	Key Location:	
Elevator Type:	Roped Hydraulic Elevator	Alarm Status:	
Inspections for May:	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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