



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN RIC HOSPITALITY LC
ATTN: OMAR ANSARI
300 E FRANKLIN ST
RICHMOND, VA 23219

Building Location:
HOMEWOOD SUITES
5996 AUDUBON DR
SANDSTON, VA 23150

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID:	ELVLOC-2001-00009	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for November: 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

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Owner / Agent:
SHAMIN RIC HOSPITALITY LC
ATTN: OMAR ANSARI
300 E FRANKLIN ST
RICHMOND, VA 23219

Building Location:
HOMEWOOD SUITES
5996 AUDUBON DR
SANDSTON, VA 23150

Phone: (804) 777-9000
Email: omar.ansari@shaminhotels.com

Elevator Location ID: ELVLOC-2001-00009

Code in Effect: 1993

Equipment Sequence: 2

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:

E A CRUMP NURSING HOME
ATTN: ANDRE HILL
3600 MOUNTAIN RD
GLEN ALLEN, VA 23060

Building Location:

E A CRUMP NURSING HOME
3600 MOUNTAIN RD
GLEN ALLEN, VA 23060

Phone: (804) 672-8725

Email: ahill@eacrumprehab.com

Elevator Location ID: ELVLOC-2001-00106

Code in Effect: 1978

Equipment Sequence: 1

Key Location: MAINT. DEPT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
RNA W BROAD LLC
ATTN: MIKE JAMES
6641 W BROAD ST SUITE 101
RICHMOND, VA 23230

Building Location:
RNA DAVITA
7001 W BROAD ST
HENRICO, VA 23294

Phone: (804) 237-8423
Email: mike.james@colliers.com

Elevator Location ID: ELVLOC-2001-00208 **Code in Effect:** 1968/2012
Equipment Sequence: 1 **Key Location:** OFFICE
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for November: Category 1, Periodic

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

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

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 NAVY FEDERAL CREDIT UNION
 ATTN: KEN DWYER
 5445 GLENSIDE DR
 HENRICO, VA 23228

Building Location:
 NAVY FEDERAL CREDIT UNION
 5445 GLENSIDE DR
 HENRICO, VA 23228-3900

Phone: (804) 718-6633
 Email: rchm-bod@navyfederal.org

Elevator Location ID: ELVLOC-2001-00233
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic

Code in Effect: 1990
Key Location: BRANCH MGR. 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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Owner / Agent:
GOLDS PLAZA LLC
ATTN: ACCOUNTS PAYABLE
1180 SEMINOLE TRL STE 105
CHARLOTTESVILLE, VA 22901

Building Location:
GOLD'S GYM PLAZA @ WEST TOWER
8904 W BROAD ST
HENRICO, VA 23294

Phone: (804) 968-4653
Email: reginan@sugaroak.com

Elevator Location ID: ELVLOC-2001-00243

Code in Effect: 1993

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:
AMPAK PROPERTIES
ATTN: S.K. NIAZI
4906 CUTSHAW AVE SUITE 105
RICHMOND, VA 23230

Building Location:
CUTSHAW OFFICE ASSOCIATES
4906 CUTSHAW AVE
HENRICO, VA 23230

Phone: (804) 387-2541
Email: riteway550@aol.com

Elevator Location ID: ELVLOC-2001-00260

Code in Effect: 1971/2007

Equipment Sequence: 1

Key Location: KEYBOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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): _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 EXTRA SPACE STORAGE
 ATTN: JEFF HUDSON
 6100 W BROAD ST SUITE A
 RICHMOND, VA 23230

Building Location:
 EXTRA SPACE STORAGE
 6100 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 310-4698
 Email: fac1325@extraspaces.com

Elevator Location ID: ELVLOC-2001-00291
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic

Code in Effect: 1993
Key Location: FRONT DESK
Alarm Status: 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:
 EXTRA SPACE STORAGE
 ATTN: JEFF HUDSON
 6100 W BROAD ST SUITE A
 RICHMOND, VA 23230

Building Location:
 EXTRA SPACE STORAGE
 6100 W BROAD ST
 HENRICO, VA 23230

Phone: (804) 310-4698
 Email: fac1325@extraspaces.com

Elevator Location ID: ELVLOC-2001-00291

Code in Effect: 1993

Equipment Sequence: 2

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for November: 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:
 MISSY BELLAMY
 ATTN: MISSY BELLAMY
 208 E MAIN ST
 ABINGDON, VA 24210

Building Location:
 MAYLAND PROFESSIONAL BLDG
 8550 MAYLAND DR
 HENRICO, VA 23294

Phone: (276) 623-4419
 Email: mbellamy@pennstuart.com

Elevator Location ID: ELVLOC-2001-00387
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for November: Category 1, Periodic

Code in Effect: 1978
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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Owner / Agent:
WEST END ASSEMBLY OF GOD
ATTN: JAMES SMITH
401 PARHAM RD
HENRICO, VA 23229

Building Location:
WEST END ASSEMBLY OF GOD
401 N PARHAM RD
HENRICO, VA 23229

Phone: (804) 740-7042
Email: jsmith@weag.org

Elevator Location ID: ELVLOC-2001-00392

Code in Effect: 1993

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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): _____

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:

4915 PARTNERS LLC
ATTN: DAVE COLBERT
P.O. BOX 36774
CHARLOTTE, NC 28236

Building Location:

RADFORD BUILDING
4915 RADFORD AVE
HENRICO, VA 23230

Phone: (804) 793-0057

Email: dave.colbert@commonwealthcomm

Elevator Location ID: ELVLOC-2001-00501

Code in Effect: 1955/2015

Equipment Sequence: 1

Key Location: KEY BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:
 4915 PARTNERS LLC
 ATTN: DAVE COLBERT
 P.O. BOX 36774
 CHARLOTTE, NC 28236

Building Location:
 RADFORD BUILDING
 4915 RADFORD AVE
 HENRICO, VA 23230

Phone: (804) 793-0057
 Email: dave.colbert@commonwealthcomm

Elevator Location ID: ELVLOC-2001-00501 **Code in Effect:** 1955/2015
Equipment Sequence: 2 **Key Location:** KEY BOX
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for November: 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:
 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:** 1990
Equipment Sequence: 1 **Key Location:** JOE MORRELL
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for November: 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:

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: 1990

Equipment Sequence: 2

Key Location: JOE MORRELL

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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 23273-0775Phone: (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:** 1990**Equipment Sequence:** 3**Key Location:** JOE MORRELL**Elevator Type:** Hydraulic Elevator**Alarm Status:** Not Alarmed**Inspections for November: 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:
 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:	1990
Equipment Sequence:	4	Key Location:	JOE MORRELL
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed

Inspections for November: 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:
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 November: 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:
 WESTMINSTER CANTERBURY CORP
 ATTN: DEREK OLIVER
 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:
 WESTMINSTER CANTERBURY
 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1975/2010

Equipment Sequence: 1

Key Location: SECURITY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTMINSTER CANTERBURY CORP
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 2
Elevator Type: Electric Elevator
Inspections for November: Periodic, Category 1

Code in Effect: 1975/2010
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): _____

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
WESTMINSTER CANTERBURY CORP
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:
WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1975/2010

Equipment Sequence: 3

Key Location: SECURITY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:
 WESTMINSTER CANTERBURY CORP
 ATTN: DEREK OLIVER
 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:
 WESTMINSTER CANTERBURY
 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 4
Elevator Type: Electric Elevator
Inspections for November: Periodic, Category 1

Code in Effect: 1975/2010
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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Elevator Periodic Inspection and Test Report Form

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ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1975/2010

Equipment Sequence: 5

Key Location: SECURITY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for November: 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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Elevator Periodic Inspection and Test Report Form

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ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1975

Equipment Sequence: 6

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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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RICHMOND, VA 23227

Building Location:
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1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 7
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic, Category 1

Code in Effect: 1975
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
Please use a separate sheet for each elevator



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Elevator Periodic Inspection and Test Report Form

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 ATTN: DEREK OLIVER
 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:
 WESTMINSTER CANTERBURY
 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 9
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic, Category 1

Code in Effect: 1996/2013
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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

WESTMINSTER CANTERBURY CORP
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1996/2013

Equipment Sequence: 10

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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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1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1996

Equipment Sequence: 11

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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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RICHMOND, VA 23227

Building Location:

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1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000

Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1993

Equipment Sequence: 12

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 ATTN: DEREK OLIVER
 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:
 WESTMINSTER CANTERBURY
 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 13
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic, Category 1

Code in Effect: 1993
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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Elevator Periodic Inspection and Test Report Form

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 ATTN: DEREK OLIVER
 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:
 WESTMINSTER CANTERBURY
 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 14
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic, Category 1

Code in Effect: 1993
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
 Please use a separate sheet for each elevator



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RICHMOND, VA 23227

Building Location:
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1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1993

Equipment Sequence: 15

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Building Location:
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 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 16
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic, Category 1

Code in Effect: 1993
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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Building Location:
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 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1993

Equipment Sequence: 17

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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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Building Location:
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 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: 1993

Equipment Sequence: 18

Key Location: SECURITY

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Building Location:
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 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 19
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic, Category 1

Code in Effect: 2010
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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 RICHMOND, VA 23227

Building Location:
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 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654 **Code in Effect:** 1993/2010
Equipment Sequence: 20 **Key Location:** SECURITY
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for November: 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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Elevator Periodic Inspection and Test Report Form

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 ATTN: DEREK OLIVER
 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:
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 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 21
Elevator Type: Hydraulic Elevator
Inspections for November: Category 1, Periodic

Code in Effect: 1993
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
 Please use a separate sheet for each elevator



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Elevator Periodic Inspection and Test Report Form

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ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:
WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 22
Elevator Type: Hydraulic Elevator
Inspections for November: Category 1, Periodic

Code in Effect: 1993
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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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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ATTN: DEREK OLIVER
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RICHMOND, VA 23227

Building Location:
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1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 23
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic, Category 1

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
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:
 WESTMINSTER CANTERBURY CORP
 ATTN: DEREK OLIVER
 1600 WESTBROOK AVE
 RICHMOND, VA 23227

Building Location:
 WESTMINSTER CANTERBURY
 1600 WESTBROOK AVE
 HENRICO, VA 23227-3337

Phone: (804) 264-6000
 Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654
Equipment Sequence: 25
Elevator Type: Electric Elevator
Inspections for November: Periodic

Code in Effect: ASME A17.1 - 2016
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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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:

WESTMINSTER CANTERBURY CORP
ATTN: DEREK OLIVER
1600 WESTBROOK AVE
RICHMOND, VA 23227

Building Location:

WESTMINSTER CANTERBURY
1600 WESTBROOK AVE
HENRICO, VA 23227-3337

Phone: (804) 264-6000
Email: tgross@wcrichmond.org

Elevator Location ID: ELVLOC-2001-00654

Code in Effect: ASME A17.1 – 2016

Equipment Sequence: 26

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for November: 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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SUPER 8 MOTEL
ATTN: SAM CHAUHAN
5615 CHAMBERLAYNE RD
RICHMOND, VA 23227

Building Location:
SUPER 8 MOTEL
5615 CHAMBERLAYNE RD
HENRICO, VA 23227

Phone: (804) 262-8880
Email: super8richmondva@gmail.com

Elevator Location ID:	ELVLOC-2001-00655	Code in Effect:	1984
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for November: 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:

MANOR CARE HEALTH SERVICES
ATTN: MARSHALL GREGORY
2125 HILLIARD RD
HENRICO, VA 23228

Building Location:

MANOR CARE HEALTH SERVICES
2125 HILLIARD RD
HENRICO, VA 23228

Phone: (804) 266-9666

Email: mgregory@lakesidehlc.com

Elevator Location ID: ELVLOC-2001-00701

Code in Effect: 1965

Equipment Sequence: 1

Key Location: RECPT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:

MANOR CARE HEALTH SERVICES
ATTN: MARSHALL GREGORY
2125 HILLIARD RD
HENRICO, VA 23228

Building Location:

MANOR CARE HEALTH SERVICES
2125 HILLIARD RD
HENRICO, VA 23228

Phone: (804) 266-9666

Email: mgregory@lakesidehlc.com

Elevator Location ID: ELVLOC-2001-00701

Code in Effect: 1965

Equipment Sequence: 2

Key Location: RECPT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:
 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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic

Code in Effect: 1990
Key Location: RM.100=STEEL SERVS.
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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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 November: Periodic

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

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

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

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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:

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

Code in Effect: 1990

Equipment Sequence: 1

Key Location: SEE MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: Category 1, Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 Henrico, VA 23273-0775

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 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:
 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	Code in Effect:	1990
Equipment Sequence:	2	Key Location:	SEE MAINT.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for November: Category 1, Periodic			

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

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

Inspection / Test Results
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Henrico, VA 23273-0775

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

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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic, Category 1

Code in Effect: 1981
Key Location: KEY 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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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:

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 November: 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:
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:	2	Key Location:	LOBBY LOCK BOX
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed

Inspections for November: 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:

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 November: 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:

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: 2

Key Location: LOBBY LOCK BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:

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 November: Periodic

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: _____

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:

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

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 November: Periodic, Category 1			

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

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

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

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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic

Code in Effect: 1993
Key Location: CHURCH OFFICE CLOSET
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):
Inspector Signature:
Elevator Contractor:
Elevator Tech Name (Print):
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:
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 November: Periodic

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: _____

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

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 November: **Category 1, 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: _____

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:
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 November: 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
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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 November: Periodic, Category 1			

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

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

Inspection / Test Results
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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:
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 November: 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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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: 2 **Key Location:** SECURITY DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for November: 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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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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator

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

Inspections for November: 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:
 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 November: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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

Code in Effect: 1993

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:
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 November: 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:
 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 November: 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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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 November: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 P.O. Box 90775
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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:	2	Key Location:	SECURITY
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for November: Category 1, Periodic			

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

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

Inspection / Test Results
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Henrico, VA 23273-0775

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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 November: 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:
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 November: Periodic, Category 1			

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

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

Inspection / Test Results
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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: 5

Key Location: SECURITY

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for November: 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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 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: 1
Elevator Type: Hydraulic Elevator
Inspections for November: **Periodic**

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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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 November: Periodic

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

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

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 November: 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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Phone: (804) 501-4360
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 November: Periodic, Category 1

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

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

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

Code in Effect: 1981

Equipment Sequence: 1

Key Location: KEYBOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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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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:
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	Code in Effect:	1987
Equipment Sequence:	1	Key Location:	OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed

Inspections for November: 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:
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 November: Periodic

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 November: 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
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:
 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 November: 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
 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:
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	Code in Effect:	1984
Equipment Sequence:	1	Key Location:	1ST. FLOOR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed

Inspections for November: 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:
 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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic, Category 1

Code in Effect: 1984
Key Location: ROOM 103
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
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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 November: 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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 Henrico, VA 23273-0775

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 **Code in Effect:** 1987/2010
Equipment Sequence: 1 **Key Location:** Annette Osterbind
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for November: 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:
 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 November: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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 November: 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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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:
 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 November: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 Department of Building Construction and Inspections
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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: 3

Key Location: GUARD DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:
 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 November: 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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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:
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 November: 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



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:
 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: 1981

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:
 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:	1981
Equipment Sequence:	2	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for November: 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:
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
Equipment Sequence: 3
Elevator Type: Electric Elevator
Inspections for November: **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: _____

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

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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: 4

Key Location: FRONT DESK

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

Inspections for November: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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Henrico, VA 23273-0775

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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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 November: 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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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 BEN HUMPHREYS
 ATTN: BEN HUMPHREYS
 1129 GASKINS RD SUITE 200
 HENRICO, VA 23238

Building Location:
 GASKINS CENTER
 1129 GASKINS RD
 HENRICO, VA 23238

Phone: (804) 761-3857
 Email: bhumphreys@comtelcommunicatio

Elevator Location ID: ELVLOC-2001-00970

Code in Effect: 1981

Equipment Sequence: 1

Key Location: RMG.OFFICE\JAINT.CL.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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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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:

SECOND BAPTIST CHURCH
ATTN: JOSHUA HARTGROVE
9614 RIVER RD
HENRICO, VA 23229

Building Location:

SECOND BAPTIST CHURCH
9614 RIVER RD
HENRICO, VA 23229

Phone: (804) 740-7101

Email: jhartgrove@secondbaptistrva.org

Elevator Location ID: ELVLOC-2001-00971

Code in Effect: 1984

Equipment Sequence: 1

Key Location: CHURCH OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:
SECOND BAPTIST CHURCH
ATTN: JOSHUA HARTGROVE
9614 RIVER RD
HENRICO, VA 23229

Building Location:
SECOND BAPTIST CHURCH
9614 RIVER RD
HENRICO, VA 23229

Phone: (804) 740-7101
Email: jhartgrove@secondbaptistrva.org

Elevator Location ID:	ELVLOC-2001-00971	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	CHURCH OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed

Inspections for November: 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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
HIGHWOODS PROPERTIES
ATTN: MONIQUE DOUCETTE
4991 LAKE BROOK DR
SUITE G90
GLEN ALLEN, VA 23060

Building Location:
HIGHWOODS V
4820 LAKE BROOK DR
GLEN ALLEN, VA 23060

Phone: (804) 290-2174
Email: monique.doucette@highwoods.com

Elevator Location ID: ELVLOC-2001-00973
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic

Code in Effect: 1993/2010
Key Location: KEY 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: _____

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:

HIGHWOODS PROPERTIES
ATTN: MONIQUE DOUCETTE
4991 LAKE BROOK DR
SUITE G90
GLEN ALLEN, VA 23060

Building Location:

HIGHWOODS V
4820 LAKE BROOK DR
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: monique.doucette@highwoods.com

Elevator Location ID: ELVLOC-2001-00973

Code in Effect: 1993/2010

Equipment Sequence: 2

Key Location: KEY BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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

<p>Owner / Agent: HIGHWOODS PROPERTIES ATTN: KAYLA BLAIR 4991 Lake Brook Dr Suite G90 Glen allen, VA 23060</p>	<p>Building Location: MARKEL 4501 4501 HIGHWOODS PKWY GLEN ALLEN, VA 23060</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

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

Elevator Location ID:	ELVLOC-2001-00978	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	BOX AT FRT.ENTRANCE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for November: 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:
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

Code in Effect: 1993

Equipment Sequence: 2

Key Location: BOX AT FRT.ENTRANCE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:
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

Code in Effect: 1993

Equipment Sequence: 3

Key Location: BOX AT FRT.ENTRANCE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:
 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:	1	Key Location:	MANAGERS OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for November: 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:
 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 November: 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:
 MID ATLANTIC MGT. CO
 ATTN: GLORIA HARGETT
 PO BOX 14531
 RICHMOND, VA 23221

Building Location:
 WILLOW LAWN CENTER
 1700 WILLOW LAWN DR
 HENRICO, VA 23230

Phone: (804) 419-0752
 Email: ghargett@midatlanticmc.com

Elevator Location ID: ELVLOC-2008-01319 **Code in Effect:** 2000
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for November: 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:
 RIC HOTEL LLC
 ATTN: DEVANG THAKAR
 300 E. FRANKLIN ST.
 RICHMOND, VA 23219

Building Location:
 HILTON GARDEN INN
 441 INTERNATIONAL CENTRE DR
 SANDSTON, VA 23150

Phone: (804) 777-9000
 Email: devang.thakar@shaminhotels.com

Elevator Location ID:	ELVLOC-2008-01325	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	FRONT DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for November: 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:
RIC HOTEL LLC
ATTN: DEVANG THAKAR
300 E. FRANKLIN ST.
RICHMOND, VA 23219

Building Location:
HILTON GARDEN INN
441 INTERNATIONAL CENTRE DR
SANDSTON, VA 23150

Phone: (804) 777-9000
Email: devang.thakar@shaminhotels.com

Elevator Location ID: ELVLOC-2008-01325

Code in Effect: 2000

Equipment Sequence: 2

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
AMERICAN FAMILY FITNESS - S.P.T.C.
ATTN: BRITTANY LAMBERT
4200 INNSLAKE DR SUITE 104
GLEN ALLEN, VA 23060

Building Location:
AMERICAN FAMILY FITNESS
11760 W BROAD ST
HENRICO, VA 23233-1005

Phone: (804) 364-1200
Email: blambert@amfamfit.com

Elevator Location ID: ELVLOC-2008-01326

Code in Effect: 2000

Equipment Sequence: 1

Key Location: DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:

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

Building Location:

WESTERRE IV
3901 WESTERRE PKWY
HENRICO, VA 23233

Phone: (804) 433-1804

Email: phogan@commonwealthcommercia

Elevator Location ID: ELVLOC-2008-01329

Code in Effect: 2000

Equipment Sequence: 1

Key Location: SUITE 200

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

Building Location:
 WESTERRE IV
 3901 WESTERRE PKWY
 HENRICO, VA 23233

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

Elevator Location ID:	ELVLOC-2008-01329	Code in Effect:	2000
Equipment Sequence:	2	Key Location:	SUITE 200
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for November: 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:

GAYTON ROAD PROPERTIES
ATTN: DEANNE THOMAS
13991 N GAYTON RD
HENRICO, VA 23233

Building Location:

WINGATE INN
13991 N GAYTON RD
HENRICO, VA 23233-7079

Phone: (804) 421-1600
Email: gm@wingateshortpump.com

Elevator Location ID: ELVLOC-2008-01330

Code in Effect: 2000

Equipment Sequence: 1

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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



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:

GAYTON ROAD PROPERTIES
ATTN: DEANNE THOMAS
13991 N GAYTON RD
HENRICO, VA 23233

Building Location:

WINGATE INN
13991 N GAYTON RD
HENRICO, VA 23233-7079

Phone: (804) 421-1600

Email: gm@wingateshortpump.com

Elevator Location ID: ELVLOC-2008-01330

Code in Effect: 2000

Equipment Sequence: 2

Key Location: FRONT DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:

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: 2000

Equipment Sequence: 1

Key Location: CHURCH OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for November: 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:
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 November: 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: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 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 November: 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: _____

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:
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 November: Category 1, 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: _____

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:
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
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for November: Periodic

Code in Effect: 2005
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

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: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for November: **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:
 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 November: 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:
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 November: 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



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:
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 November: **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



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:
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 November: 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:
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 November: 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:
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 November: 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:
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: 3

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for November: 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:
 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 November: 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:
 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
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for November: 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

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:

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 November: 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:
 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

Code in Effect: 2010

Equipment Sequence: 1

Key Location:

Elevator Type: Hydraulic Elevator

Alarm Status:

Inspections for November: 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:
 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	Code in Effect:	2010
Equipment Sequence:	2	Key Location:	
Elevator Type:	Hydraulic Elevator	Alarm Status:	
Inspections for November: 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:
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 **Code in Effect:** 2010
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for November: 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:
 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	Code in Effect: 2010
Equipment Sequence: 2	Key Location:
Elevator Type: Hydraulic Elevator	Alarm Status:
Inspections for November: 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:

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@prgrealestate.com

Elevator Location ID: ELVLOC-2017-01870

Code in Effect: 2010

Equipment Sequence: 1

Key Location:

Elevator Type: Electric Elevator

Alarm Status:

Inspections for November: 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:
 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@prgrealestate.com

Elevator Location ID:	ELVLOC-2017-01870	Code in Effect:	2010
Equipment Sequence:	2	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for November: 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 November: 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:
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 November: 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:
AMPLE SELF STORAGE
ATTN: DRESHAWN LEWIS
4901 NINE MILE RD
RICHMOND, VA 23233-5738

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

Phone: (804) 222-4901
Email: rga@extendedstay.com

Elevator Location ID: ELVLOC-2018-01912
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for November: 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

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
Equipment Sequence: 1
Elevator Type: Electric Elevator
Inspections for November: 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



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 November: 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: 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: 3 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for November: 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:
 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 November: 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:
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 November: 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:

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 November: 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:

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 November: 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:

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 November: 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

Multiple horizontal lines for recording inspection results.



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
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 November: 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:
 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 November: 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 **Code in Effect:** 2013
Equipment Sequence: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for November: 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:
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 November: 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:

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 November: Periodic, Category 1

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
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:
 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 November: 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:
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: 1 **Key Location:**
Elevator Type: Electric Elevator **Alarm Status:**
Inspections for November: 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:
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 November: 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
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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:
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 November: 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