



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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00302
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1965
Key Location: 3RD.FL.
Alarm Status: Not Alarmed

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

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

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



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Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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



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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00304
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Category 1, Periodic**

Code in Effect: 1960
Key Location: LOBBY BOX
Alarm Status: Not Alarmed

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

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00305
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Category 1, Periodic**

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

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

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00306
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic, Category 1**

Code in Effect: 1960
Key Location: LOBBY BOX
Alarm Status: Not Alarmed

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

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00351
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic, Category 1**

Code in Effect: 1960
Key Location: LOBBY BOX
Alarm Status: Not Alarmed

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

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00352
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic, Category 1**

Code in Effect: 1960
Key Location: LOCK BOX \ OFFICE
Alarm Status: Not Alarmed

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

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00360
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Category 1, Periodic**

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

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

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

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

Elevator Location ID: ELVLOC-2001-00360
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic, Category 1**

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

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

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

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

Elevator Location ID: ELVLOC-2001-00364
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1971
Key Location: MAIL ROOM
Alarm Status: Not Alarmed

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

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00372
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic, Category 1**

Code in Effect: 1971/2012
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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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00378
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Category 1, Periodic**

Code in Effect: 1971
Key Location: BANK LOBBY
Alarm Status: Not Alarmed

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

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00382
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1990
Key Location: KEYBOX
Alarm Status: Not Alarmed

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 MIDTOWN RICHMOND LLC
 ATTN: Allison Patterson
 PO Box 13470
 RICHMOND, VA 23225

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

Phone: (603) 988-5108
 Email: felecia.washington@colliers.com

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

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

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

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Elevator Periodic Inspection and Test Report Form

Owner / Agent:
MIDTOWN RICHMOND LLC
ATTN: Allison Patterson
PO Box 13470
RICHMOND, VA 23225

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

Phone: (603) 988-5108
Email: felecia.washington@colliers.com

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

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

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

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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00426

Code in Effect: 1960

Equipment Sequence: 1

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for July: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00481
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

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

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

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

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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:

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

Building Location:

UNISTAFF BUILDING
4914 RADFORD AVE
HENRICO, VA 23230

Phone: (804) 288-3189

Email: hatcher3@comcast.net

Elevator Location ID: ELVLOC-2001-00502

Code in Effect: 1955

Equipment Sequence: 1

Key Location: KEY BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for July: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

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

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

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

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

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



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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00526
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1965
Key Location: 2ND. FL.
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:
HOB SIGMON REALTY
ATTN: LINDA WARDEN
3108 N PARHAM RD SUITE 604 C
HENRICO, VA 23294

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

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

Elevator Location ID: ELVLOC-2001-00527
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1965
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
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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

Phone: (804) 358-4664
Email: Leslie.Hamlett@L305.org

Elevator Location ID: ELVLOC-2001-00528
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1960
Key Location: OFFICE 1ST.FL
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:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

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

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

Elevator Location ID: ELVLOC-2001-00535
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1981
Key Location: 2ND.FL. RECPT.
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:

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

Building Location:

CORPORATE OFFICE CENTER
 5004 MONUMENT AVE
 HENRICO, VA 23230

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

Elevator Location ID: ELVLOC-2001-00536
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1981
Key Location: J.PEARSON \ 5012
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
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00537
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1981
Key Location: C.CARTER \ MGR.OFF.
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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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

Inspection / Test Results
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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:
COLLIERS
ATTN: TRACI PARSLEY
PO Box 13470
RICHMOND, VA 23225

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

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

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

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

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

Inspection / Test Results
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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:
 COLLIERS
 ATTN: TRACI PARSLEY
 PO Box 13470
 RICHMOND, VA 23225

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

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

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

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

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

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



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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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



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

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

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

Elevator Location ID: ELVLOC-2001-00542
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1981
Key Location: MR.ZWERDLING
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:

GLENBURNIE REHAB/NURSING CENTER
ATTN: BETHANY QUAYLE
1901 LIBBIE AVE
RICHMOND, VA 23226

Building Location:

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

Phone: (804) 281-3500

Email: bquayle@glenburniehc.com

Elevator Location ID: ELVLOC-2001-00552

Code in Effect: 1965

Equipment Sequence: 1

Key Location: MAINT. SHOP

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for July: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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



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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00604
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1993
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:
FRANCO'S CUSTOM TAILOR SHOP
ATTN: KEVIN REARDON
5321 LAKESIDE AVE
HENRICO, VA 23228

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

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

Elevator Location ID: ELVLOC-2001-00604
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: Periodic

Code in Effect: 1984
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:
FBI FIELD OFFICE
ATTN: ANDREW POWELL
1970 E PARHAM RD
HENRICO, VA 23228

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

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

Elevator Location ID: ELVLOC-2001-00606
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1993
Key Location: J.GWYNN-MAINT. DEPT.
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: _____

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



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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00606
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1993
Key Location: J.GWYNN-MAINT. DEPT.
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: _____

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00606
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1993
Key Location: J.GWYNN-MAINT. DEPT.
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: _____

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:
FAITH LANDMARKS CHURCH
ATTN: JAMES GILBERT / KIM BENTON
8491 CHAMBERLAYNE RD
RICHMOND, VA 23227

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

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

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

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

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

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



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00676
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1960/2010
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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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
RODEWAY INN
5203 WILLIAMSBURG RD
SANDSTON, VA 23150

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

Elevator Location ID: ELVLOC-2001-00751
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Category 1, Periodic**

Code in Effect: 1978
Key Location: LOBBY
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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

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

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

Elevator Location ID: ELVLOC-2001-00806

Code in Effect: 1993

Equipment Sequence: 1

Key Location: LOCK BOX - M.R.DOOR

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00808
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1971
Key Location: BOX ON WALL
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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

Inspection / Test Results
 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:

PARHAM SHOPPING CENTER LLC
 ATTN: EMMA GHAZAOU
 PO BOX 5160
 Glen Allen, VA 23058

Building Location:

PARHAM ONE OFFICE BUILDING
 827 E PARHAM RD
 HENRICO, VA 23227

Phone: (804) 344-7164

Email: emma.ghazaoui@thalhimer.com

Elevator Location ID: ELVLOC-2001-00852

Code in Effect: 1993

Equipment Sequence: 1

Key Location: BALL REALTY,2ND.FL.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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Department of Building Construction and Inspections
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

VIRGINIA EYE INSTITUTE
400 WESTHAMPTON STATION
HENRICO, VA 23226

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

Elevator Location ID: ELVLOC-2001-00875
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1984
Key Location: KEYBOX AT 1ST\FL.
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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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:

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

Building Location:

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

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

Elevator Location ID: ELVLOC-2001-00881

Code in Effect: 1990

Equipment Sequence: 1

Key Location: RECEPTION DESK

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for July: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:
AMERICAN TESTING AND INSPECTION SERV.
ATTN: JORDE' BLACKWELL
600 EMERSON RD SUITE 225
ST. LOUIS, MO 63141

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

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

Elevator Location ID: ELVLOC-2001-00886
Equipment Sequence: 2
Elevator Type: Escalator
Inspections for July: **Periodic**

Code in Effect: 1993
Key Location: SEE MANAGER
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:
 HIGHWOODS PROPERTIES
 ATTN: KAYLA BLAIR
 4501 Highwoods Pkwy, Suite 400
 GLEN ALLEN, VA 23060

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

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

Elevator Location ID: ELVLOC-2001-00890
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: Periodic

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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 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
 4501 Highwoods Pkwy, Suite 400
 GLEN ALLEN, VA 23060

Building Location:

HIGHWOODS PLAZA
 4470 COX RD
 GLEN ALLEN, VA 23060

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

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

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

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

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HIGHWOODS PROPERTIES
ATTN: KAYLA BLAIR
4501 Highwoods Pkwy, Suite 400
GLEN ALLEN, VA 23060

Building Location:

COLONNADE BUILDING
4050 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 290-2174

Email: Kayla.Blair@highwoods.com

Elevator Location ID: ELVLOC-2001-00902

Code in Effect: 1984

Equipment Sequence: 1

Key Location: KEY BOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for July: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia
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Phone: (804) 501-4360
 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HIGHWOODS PROPERTIES
 ATTN: KAYLA BLAIR
 4501 Highwoods Pkwy, Suite 400
 GLEN ALLEN, VA 23060

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

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

Elevator Location ID: ELVLOC-2001-00902
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1984
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
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Submit Elevator Reports to: ElevatorInspectionReports@henrico.us



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THALHIMERS
 ATTN: IAN RIESTER
 PO Box 5160
 GLEN ALLEN, VA 23058

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

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

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

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:
THALHIMERS
ATTN: IAN RIESTER
PO Box 5160
GLEN ALLEN, VA 23058

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

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HIGHWOODS PROPERTIES
 ATTN: BRIAN EGAN
 4501 HIGHWOODS PKWY, STE 400
 GLEN ALLEN, VA 23060

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

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

Elevator Location ID: ELVLOC-2001-00904
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic, Category 1**

Code in Effect: 1981
Key Location: MACH.RM.DOOR
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:
HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4501 HIGHWOODS PKWY, STE 400
GLEN ALLEN, VA 23060

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

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

Elevator Location ID: ELVLOC-2001-00904
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic, Category 1**

Code in Effect: 1981
Key Location: MACH.RM.DOOR
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: Benjamin Halstead
2221 Edward Holland Dr.
Henrico, VA 23230

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

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

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

**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: MIKE JAMES
2221 EDWARD HOLLAND DR
SUITE 600
RICHMOND, VA 23230

Building Location:

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

Phone: (804) 796-0500

Email: mike.james@colliers.com

Elevator Location ID: ELVLOC-2001-00907
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Category 1, Periodic**

Code in Effect: 1984
Key Location: BOX AT ELEV.
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:
COLLIERS INTERNATIONAL
ATTN: MIKE JAMES
2221 EDWARD HOLLAND DR
SUITE 600
RICHMOND, VA 23230

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

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

Elevator Location ID: ELVLOC-2001-00907
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **Category 1, Periodic**

Code in Effect: 1984
Key Location: BOX AT ELEV.
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:

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

Building Location:

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

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

Elevator Location ID: ELVLOC-2001-00918
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic, Category 1**

Code in Effect: 1990
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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Department of Building Construction and Inspections
P.O. Box 90775
Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

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

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

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

Elevator Location ID: ELVLOC-2001-00918
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **Category 1, Periodic**

Code in Effect: 1990
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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 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:
 Eastern Gas Transmission and Storage
 ATTN: DEREK KILDOO
 10700 Energy Way
 GLEN ALLEN, VA 23060

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

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

Elevator Location ID: ELVLOC-2001-00918
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic, Category 1**

Code in Effect: 1990
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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THE HERMITAGE AT CEDARFIELD
ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Building Location:

THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Phone: (804) 474-8781

Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962

Code in Effect: 1993

Equipment Sequence: 1

Key Location: ENVIRONMENTAL SERVS.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia
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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THE HERMITAGE AT CEDARFIELD
ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Building Location:

THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Phone: (804) 474-8781
Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **Category 1, Periodic**

Code in Effect: 1993
Key Location: ENVIRONMENTAL 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
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:

THE HERMITAGE AT CEDARFIELD
ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Building Location:

THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Phone: (804) 474-8781

Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 3
Elevator Type: Hydraulic Elevator
Inspections for July: **Category 1, Periodic**

Code in Effect: 1993
Key Location: ENVIRONMENTAL 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
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:
 THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:
 THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 4
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic, Category 1**

Code in Effect: 1993
Key Location: ENVIRONMENTAL 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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 Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:

THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781

Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962

Code in Effect: 1993

Equipment Sequence: 5

Key Location: ENVIRONMENTAL SERVS.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator



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Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
THE HERMITAGE AT CEDARFIELD
ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Building Location:
THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Phone: (804) 474-8781
Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962 **Code in Effect:** 1993
Equipment Sequence: 6 **Key Location:** ENVIRONMENTAL SERVS.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for July: **Periodic, Category 1**

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

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

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:
 THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 7
Elevator Type: Hydraulic Elevator
Inspections for July: **Category 1, Periodic**

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



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:
 THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID:	ELVLOC-2001-00962	Code in Effect:	1993
Equipment Sequence:	8	Key Location:	ENVIRONMENTAL SERVS.
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for July:	Category 1, Periodic		

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

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

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



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 Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:
 THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962 **Code in Effect:** 2013
Equipment Sequence: 9 **Key Location:** ENVIRONMENTAL SERVS.
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for July: **Category 1, Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia
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P.O. Box 90775
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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

THE HERMITAGE AT CEDARFIELD
ATTN: JACK JOHNSON
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Building Location:

THE HERMITAGE AT CEDARFIELD
2300 CEDARFIELD PKWY
HENRICO, VA 23233

Phone: (804) 474-8781
Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962

Code in Effect: 1993

Equipment Sequence: 10

Key Location: ENVIRONMENTAL SERVS.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:
 THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:
 THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID:	ELVLOC-2001-00962	Code in Effect:	2013
Equipment Sequence:	12	Key Location:	
Elevator Type:	Electric Elevator	Alarm Status:	
Inspections for July:	Periodic		

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

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 THE HERMITAGE AT CEDARFIELD
 ATTN: JACK JOHNSON
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Building Location:
 THE HERMITAGE AT CEDARFIELD
 2300 CEDARFIELD PKWY
 HENRICO, VA 23233

Phone: (804) 474-8781
 Email: jjohnson@pinnacleliving.org

Elevator Location ID: ELVLOC-2001-00962
Equipment Sequence: 13
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 2013
Key Location:
Alarm Status:

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

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

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4501 HIGHWOODS PKWY, STE 400
GLEN ALLEN, VA 23060

Building Location:

HIGHWOODS II
4860 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.egan@highwoods.com

Elevator Location ID: ELVLOC-2001-00965

Code in Effect: 1990

Equipment Sequence: 1

Key Location: KEYBOX AT DOOR

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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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: BRIAN EGAN
4501 HIGHWOODS PKWY, STE 400
GLEN ALLEN, VA 23060

Building Location:
HIGHWOODS II
4860 COX RD
GLEN ALLEN, VA 23060

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

Elevator Location ID:	ELVLOC-2001-00965	Code in Effect:	1990
Equipment Sequence:	2	Key Location:	KEYBOX AT DOOR
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for July:	Periodic, Category 1		

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

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

Inspection / Test Results
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:

WESTDALE REAL ESTATE INV. / MGT. CO.
 ATTN: James Hicks
 140 EASTSHORE DR. SUITE 150
 GLEN ALLEN, VA 23059

Building Location:

WESTSHORE III BLDG.
 301 CONCOURSE BLVD
 GLEN ALLEN, VA 23059

Phone: (804) 747-1551

Email: james.hicks@westdale.com

Elevator Location ID: ELVLOC-2001-00968
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1993
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



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:
 WESTDALE REAL ESTATE INV. / MGT. CO.
 ATTN: James Hicks
 140 EASTSHORE DR. SUITE 150
 GLEN ALLEN, VA 23059

Building Location:
 WESTSHORE III BLDG.
 301 CONCOURSE BLVD
 GLEN ALLEN, VA 23059

Phone: (804) 747-1551
 Email: james.hicks@westdale.com

Elevator Location ID: ELVLOC-2001-00968
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1993
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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Phone: (804) 501-4360
Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
SHAMIN HOTELS
ATTN: Shawnae Thomas
4051 Innslake Dr.
Glen Allen, VA 23060

Building Location:
COMFORT SUITES
4051 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 217-9200
Email: gm-innsbrook@szmgmnt.com

Elevator Location ID: ELVLOC-2001-00979 **Code in Effect:** 1993
Equipment Sequence: 1 **Key Location:** LOBBY DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for July: **Periodic, Category 1**

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

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

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:
SHAMIN HOTELS
ATTN: Shawnae Thomas
4051 Innslake Dr.
Glen Allen, VA 23060

Building Location:
COMFORT SUITES
4051 INNSLAKE DR
GLEN ALLEN, VA 23060

Phone: (804) 217-9200
Email: gm-innsbrook@szmgmnt.com

Elevator Location ID:	ELVLOC-2001-00979	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	LOBBY DESK
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for July:	Periodic, Category 1		

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

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

Inspection / Test Results
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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:
 Innsbrook LLC
 ATTN: CATHERINE LINGERFELT
 4198 COX RD SUITE 200
 GLEN ALLEN, VA 23060

Building Location:
 LIBERTY PLAZA
 4801 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00980
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 1993
Key Location: SECURITY / MAINTENANCE
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:

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

Building Location:

LIBERTY PLAZA
4801 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 433-1804

Email: phogan@commonwealthcommercia

Elevator Location ID: ELVLOC-2001-00980

Code in Effect: 1993

Equipment Sequence: 2

Key Location: SECURITY / MAINTENCE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for July: Periodic

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Building Location:
OVERLOOK II
4870 SADLER RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00991
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Category 1, Periodic**

Code in Effect: 1993
Key Location: GUARD 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

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

Elevator Periodic Inspection and Test Report Form

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

Building Location:
OVERLOOK II
4870 SADLER RD
GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2001-00991 **Code in Effect:** 1993
Equipment Sequence: 2 **Key Location:** GUARD DESK
Elevator Type: Hydraulic Elevator **Alarm Status:** Not Alarmed
Inspections for July: **Periodic, Category 1**

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

KANTILAL PATEL
ATTN: KANTILAL PATEL
8613 BROOK RD
GLEN ALLEN, VA 23060

Building Location:

DAYS INN
8613 BROOK RD
GLEN ALLEN, VA 23060

Phone: (804) 261-0188
Email: sundiptl@yahoo.com

Elevator Location ID: ELVLOC-2002-01020
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 VIRGINIA EYE INSTITUTE
 ATTN: STEVE MARTZ
 402 WESTHAMPTON STATION RD
 RICHMOND, VA 23226

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

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

Elevator Location ID: ELVLOC-2002-01032
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

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

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

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

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Henrico, VA 23273-0775

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
VIRGINIA EYE INSTITUTE
ATTN: STEVE MARTZ
402 WESTHAMPTON STATION RD
RICHMOND, VA 23226

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

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

Elevator Location ID: ELVLOC-2002-01032
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **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
Please use a separate sheet for each elevator



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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ANTHEM
 ATTN: RAY SAILSBURY
 2015 STAPLES MILL RD
 RICHMOND, VA 23230

Building Location:
 ANTHEM
 2015 STAPLES MILL RD
 HENRICO, VA 23230

Phone: (804) 354-7889
 Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	Code in Effect:	1993
Equipment Sequence:	1	Key Location:	1/ST FL. FACILITIES
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for July:	Periodic, Category 1		

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:

ANTHEM
2015 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

Elevator Location ID: ELVLOC-2002-01048

Code in Effect: 1993

Equipment Sequence: 2

Key Location: 1/ST FL. FACILITIES

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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:

ANTHEM
 ATTN: RAY SAILSBURY
 2015 STAPLES MILL RD
 RICHMOND, VA 23230

Building Location:

ANTHEM
 2015 STAPLES MILL RD
 HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

Elevator Location ID: ELVLOC-2002-01048

Code in Effect: 1993

Equipment Sequence: 3

Key Location: 1/ST FL. FACILITIES

Elevator Type: Electric Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2015 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	Code in Effect:	1993
Equipment Sequence:	7	Key Location:	1/ST FL. FACILITIES
Elevator Type:	Electric Elevator	Alarm Status:	Not Alarmed
Inspections for July:	Category 1, Periodic		

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2015 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	Code in Effect:	1993
Equipment Sequence:	8	Key Location:	1/ST FL. FACILITIES
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for July:	Category 1, Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results
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:

ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:

ANTHEM
2015 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889

Email: raymond.sailsbury@anthem.com

Elevator Location ID: ELVLOC-2002-01048

Code in Effect: 1993

Equipment Sequence: 10

Key Location: 1/ST FL. FACILITIES

Elevator Type: Escalator

Alarm Status: Not Alarmed

Inspections for July: Periodic, Category 1

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 ANTHEM
 ATTN: RAY SAILSURY
 2015 STAPLES MILL RD
 RICHMOND, VA 23230

Building Location:
 ANTHEM
 2015 STAPLES MILL RD
 HENRICO, VA 23230

Phone: (804) 354-7889
 Email: raymond.sailsbury@anthem.com

Elevator Location ID: ELVLOC-2002-01048 **Code in Effect:** 1993
Equipment Sequence: 11 **Key Location:** 1/ST FL. FACILITIES
Elevator Type: Escalator **Alarm Status:** Not Alarmed
Inspections for July: **Periodic, Category 1**

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

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ANTHEM
ATTN: RAY SAILSBURY
2015 STAPLES MILL RD
RICHMOND, VA 23230

Building Location:
ANTHEM
2015 STAPLES MILL RD
HENRICO, VA 23230

Phone: (804) 354-7889
Email: raymond.sailsbury@anthem.com

Elevator Location ID:	ELVLOC-2002-01048	Code in Effect:	1993
Equipment Sequence:	14	Key Location:	1/ST FL. FACILITIES
Elevator Type:	Escalator	Alarm Status:	Not Alarmed
Inspections for July:	Periodic, Category 1		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 HIGHWOODS PROPERTIES
 ATTN: BRIAN EGAN
 4501 HIGHWOODS PKWY, STE 400
 GLEN ALLEN, VA 23060

Building Location:
 HIGHWOODS III
 4840 COX RD
 GLEN ALLEN, VA 23060

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

Elevator Location ID: ELVLOC-2005-01162
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic, Category 1**

Code in Effect: 1993
Key Location: LOCKBOX
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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Henrico, VA 23273-0775

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

HIGHWOODS PROPERTIES
ATTN: BRIAN EGAN
4501 HIGHWOODS PKWY, STE 400
GLEN ALLEN, VA 23060

Building Location:

HIGHWOODS III
4840 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 290-2169

Email: brian.egan@highwoods.com

Elevator Location ID: ELVLOC-2005-01162

Code in Effect: 1993

Equipment Sequence: 2

Key Location: LOCKBOX

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

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

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

Inspection / Test Results

Please use a separate sheet for each elevator



County of Henrico, Virginia

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

Phone: (804) 501-4360

Fax: (804) 501-4984

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

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

Building Location:

WESTERRE III
3900 WESTERRE PKWY
HENRICO, VA 23233

Phone: (804) 433-1804

Email: phogan@commonwealthcommerca

Elevator Location ID: ELVLOC-2005-01190

Code in Effect: 1993

Equipment Sequence: 1

Key Location: SUITE 200

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for July: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

Building Location:
WESTERRE III
3900 WESTERRE PKWY
HENRICO, VA 23233

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

Elevator Location ID:	ELVLOC-2005-01190	Code in Effect:	1993
Equipment Sequence:	2	Key Location:	SUITE 200
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for July:	Periodic		

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

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

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



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:
BNGP LLC.
ATTN: HARRY BAWA
441 RIVERGATE DR.
RICHMOND, VA 23238

Building Location:
BNGP OFFICE BUILDING
12090 W BROAD ST
HENRICO, VA 23233-1001

Phone: (804) 651-4038
Email: dhanguru99@hotmail.com

Elevator Location ID: ELVLOC-2006-01216
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic, Category 1**

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

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

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

Inspection / Test Results
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:
TWIN HICKORY SENIOR APTS
ATTN: WILMA HARRIS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

Building Location:
TWIN HICKORY SENIOR APTS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

Phone: (804) 747-7676
Email: twinhickory@capreit.com

Elevator Location ID:	ELVLOC-2006-01226	Code in Effect:	2000
Equipment Sequence:	1	Key Location:	OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for July:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:
TWIN HICKORY SENIOR APTS
ATTN: WILMA HARRIS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

Building Location:
TWIN HICKORY SENIOR APTS
5001 HICKORY PARK DR
GLEN ALLEN, VA 23059

Phone: (804) 747-7676
Email: twinhickory@capreit.com

Elevator Location ID: ELVLOC-2006-01226
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 2000
Key Location: OFFICE
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: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

CHURCHILL PROPERTY PORTFOLIO OWNER LLC
 ATTN: KAYLA SKEES
 300 E. MARKET ST. SUITE 400
 LOUISVILLE, KY 40202

Building Location:

DOGWOOD TERRACE
 10300 THREE CHOPT RD
 HENRICO, VA 23233

Phone: (502) 779-4700

Email: kayla.skees@aatriaseniiorliving.com

Elevator Location ID: ELVLOC-2006-01232

Code in Effect: 1996

Equipment Sequence: 1

Key Location: OFFICE

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for July: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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:
VIRGINIA HOUSING DEV. AUTHORITY
ATTN: Brian Camden
601 S. Belvidere St.
Richmond, VA 23220

Building Location:
VIRGINIA HOUSING CENTER
4224 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 343-5506
Email: william.camden@virginiahousing.co

Elevator Location ID: ELVLOC-2007-01251 **Code in Effect:** 2000
Equipment Sequence: 1 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for July: **Periodic, Category 1**

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:
VIRGINIA HOUSING DEV. AUTHORITY
ATTN: Brian Camden
601 S. Belvidere St.
Richmond, VA 23220

Building Location:
VIRGINIA HOUSING CENTER
4224 COX RD
GLEN ALLEN, VA 23060

Phone: (804) 343-5506
Email: william.camden@virginiahousing.co

Elevator Location ID: ELVLOC-2007-01251 **Code in Effect:** 2000
Equipment Sequence: 2 **Key Location:**
Elevator Type: Hydraulic Elevator **Alarm Status:**
Inspections for July: **Category 1, Periodic**

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

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

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



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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WEST BROAD VLG III LLC
 ATTN: Katya Howren
 3930 Wild Goose Ln.
 Henrico, VA 23060

Building Location:
 WEST BROAD VILLAGE A-4 A-7
 2250 OLD BRICK RD
 GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658
 Email: khowren@capitalsquareliving.com

Elevator Location ID: ELVLOC-2008-01335
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 2000
Key Location: KEY BOX - A8
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: _____

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

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WEST BROAD VLG III LLC
 ATTN: Katya Howren
 3930 Wild Goose Ln.
 Henrico, VA 23060

Building Location:
 WEST BROAD VILLAGE A-8
 2220 OLD BRICK RD
 GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658
 Email: khowren@capitalsquareliving.com

Elevator Location ID: ELVLOC-2008-01336
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 2000
Key Location: KEY BOX - A-8
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: _____

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 BROAD VLG III LLC
ATTN: Katya Howren
3930 Wild Goose Ln.
Henrico, VA 23060

Building Location:

WEST BROAD VILLAGE A1-A2
2450 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658

Email: khowren@capitalsquareliving.com

Elevator Location ID: ELVLOC-2008-01339

Code in Effect: 2000

Equipment Sequence: 1

Key Location: KEY BOX A8

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for July: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

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County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:

ASSOCIA COMMUNITY GROUP
ATTN: Please Provide a Contact Name
3901 WESTERRE PKWY STE 100
HENRICO, VA 23233

Building Location:

WEST BROAD VILLAGE P4
3921 BROWNSTONE BLVD
GLEN ALLEN, VA 23060-5817

Phone: (804) 270-1800

Email: RHENAO@COMMUNITYGROUP.COM

Elevator Location ID: ELVLOC-2008-01350

Code in Effect: 2000

Equipment Sequence: 1

Key Location: MAINT.

Elevator Type: Hydraulic Elevator

Alarm Status: Not Alarmed

Inspections for July: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



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:

ASSOCIA COMMUNITY GROUP
ATTN: Please Provide a Contact Name
3901 WESTERRE PKWY STE 100
HENRICO, VA 23233

Building Location:

WEST BROAD VILLAGE P1
2411 BACK ST
GLEN ALLEN, VA 23060-5817

Phone: (804) 270-1800

Email: RHENAO@COMMUNITYGROUP.COM

Elevator Location ID: ELVLOC-2008-01354

Code in Effect: 2000

Equipment Sequence: 1

Key Location: KEY BOX - #8

Elevator Type: Hydraulic Elevator

Alarm Status: Alarmed

Inspections for July: **Periodic**

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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



County of Henrico, Virginia

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

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
ASSOCIA COMMUNITY GROUP
ATTN: Please Provide a Contact Name
3901 WESTERRE PKWY STE 100
HENRICO, VA 23233

Building Location:
WEST BROAD VILLAGE P1
2411 BACK ST
GLEN ALLEN, VA 23060-5817

Phone: (804) 270-1800
Email: RHENAO@COMMUNITYGROUP.COM

Elevator Location ID: ELVLOC-2008-01354
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 2000
Key Location: KEY BOX - #8
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: _____

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

Elevator Periodic Inspection and Test Report Form

Owner / Agent:
 WEST BROAD VILLAGE
 ATTN: Rosa Henao
 3901 Westerre Pkwy Suite 100
 Henrico, VA 23233

Building Location:
 WEST BROAD VILLAGE P2
 2221 BACK ST
 GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276
 Email: rhenao@communitygroup.com

Elevator Location ID: ELVLOC-2008-01355
Equipment Sequence: 1
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 2000
Key Location: KEY BOX A-8
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:
 WEST BROAD VILLAGE
 ATTN: Rosa Henao
 3901 Westerre Pkwy Suite 100
 Henrico, VA 23233

Building Location:
 WEST BROAD VILLAGE P2
 2221 BACK ST
 GLEN ALLEN, VA 23060-5817

Phone: (401) 500-5276
 Email: rhenao@communitygroup.com

Elevator Location ID: ELVLOC-2008-01355
Equipment Sequence: 2
Elevator Type: Hydraulic Elevator
Inspections for July: **Periodic**

Code in Effect: 2000
Key Location: KEY BOX A-8
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:
WEST BROAD VLG III LLC
ATTN: Katya Howren
3930 Wild Goose Ln.
Henrico, VA 23060

Building Location:
WEST BROAD VILLAGE A12-A13
2425 OLD BRICK RD
GLEN ALLEN, VA 23060-5817

Phone: (804) 212-1658
Email: khowren@capitalsquareliving.com

Elevator Location ID:	ELVLOC-2008-01357	Code in Effect:	2000
Equipment Sequence:	2	Key Location:	KEY BOX A8
Elevator Type:	Hydraulic Elevator	Alarm Status:	Alarmed
Inspections for July:	Periodic		

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

Inspector Name (Print): _____ Inspection Agency: _____

Inspector Signature: _____ Date: _____

Elevator Contractor: _____

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

Building Representation Contacted (Print): _____

Type of Inspection/Test Performed: _____

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.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:
 SHAMIN HOTELS
 ATTN: OMAR ANSARI
 300 E. FRANKLIN ST.
 RICHMOND, VA 23219

Building Location:
 HILTON HOTEL
 12042 W BROAD ST
 HENRICO, VA 23233

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

Elevator Location ID: ELVLOC-2009-01394 **Code in Effect:** 2005
Equipment Sequence: 1 **Key Location:** MAINT. OFFICE
Elevator Type: Electric Elevator **Alarm Status:** Not Alarmed
Inspections for July: **Periodic, Category 5, 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 LLC
ATTN: Rebecca Wilber
3501 Cox Rd.
Henrico, VA 23233

Building Location:
LIFE STORAGE
3501 COX RD
HENRICO, VA 23233

Phone: (804) 801-5784
Email: fac3671@extraspaces.com

Elevator Location ID:	ELVLOC-2016-01775	Code in Effect:	2010
Equipment Sequence:	1	Key Location:	OFFICE
Elevator Type:	Hydraulic Elevator	Alarm Status:	Not Alarmed
Inspections for July:	Category 1, Periodic		

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

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

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

Submit Elevator Reports to: ElevatorInspectionReports@henrico.us

