

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF OCCUPATIONAL AND INDUSTRIAL SAFETY
ELEVATOR DIVISION
HARRISBURG, PA 17120

CERTIFICATE OF OPERATION

RE-INSPECTIONS



_____	_____
_____	_____
_____	_____
_____	_____

DATE INSPECTOR

OWNER/RESPONSIBLE PARTY NAME AND ADDRESS
LINDY PROPERTY MANANGEMENT
CO
SUITE 211
309 YORK RD
JENKINTOWN PA 19046

BUILDING CODE

32955

EQUIPMENT
NUMBER

002

LOCATION NAME AND ADDRESS
FOUNTAIN GARDEN
2901 WELSH RD
PHILADELPHIA PA 19152

FILE NUMBER

32955

PERMIT NUMBER

197213925

CERTIFICATE ISSUED	CERTIFICATE EXPIRES	TYPE	CAPACITY
01/27/2026	02/29/2028	P	02000

E1103971

CERTIFICATE MUST BE POSTED
CERTIFICATE VALID UPON RECEIPT OF PAYMENT