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Vendor/Builder#

Purchaser Name : Phone Res: Phone Bus:

Closing Date:

Inspector:

Olimpia Romita (416) 275-9401

2013-09-19 Bruno Tidd

Enrollment# Legal Address: Project: Plan #: Lot / Phase #:

Municiaplity:

DLS[19] Pratt Hansen Group

43104 / Building43

Inspection Date: 16 Sep 2013

Please list below any damaged, incomplete, or missing items and anything that is not in good operating condition.

Also note any (substitutions) of items referred to in, or to be selected under, the Agreement of Purchase and Sales (APS).

Please initial all changes and deletions. As a minimum, check the following:

- DAMAGED, INCOMPLETE OR MISSING

 · Windows, side lights and other glazing. Window and door screens

- Bathtub sinks and toilets
 Bathroom accessories if provided
 Mirrors, counter tops and cabinetry
 Flooring (hardwood, vinyl, ceramic tiles, carpeting)
 Interior finished and trim carpentry
- Furnace
- Hot water heater, if provided (not rental)
 Exterior finished, driveways, walkways, decks and landscaping
 Also list here anything that can't be assessed because for example

- OPERATING CONDITION

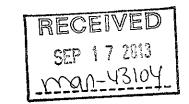
 Windows, interior and exterior doors including garage overhead doors, door locks
- · Faucets: Kitchen, bathroom, laundry room
- Exhaust fans (kitchen, bathrooms) if provided Electrical outlets and fixtures
- · Gas fireplaces, incl.circulation fans, if provided · Heat Recovery Ventilation system, if provided

- Heating system
 Hot water heater, if provided (not rental)
 Air conditioning system; if provided and if conditions permit

GENERAL COMMENTS	e assessed because for example is dirty or maccessible.		
INSPECTION START TIME NOTE:	INSPECTION STARTED AT 6:30 P.M. TOUCH UPS REQUIRED THROUGH OUT AS INDICATED. WIRE SHELVING NOT INSTALLED IN LAUNDRY/CLOSET AREA. JUST LEAVE SHELVING UNINSTALLED IN UNIT. PURCHASER IS INSTALLING HIS OWN HARDWOOD FLOORING WHICH WILL TRANSITION ONTO THE BROKEN TILES. THIS REPAIR WILL BE	 	
	CRUCIAL IN ENABLING THE PURCHASER TO INSTALL HIS FLOORING AFTER CLOSING.		
NEW TELEPHONE NUMBER	416-275-9740		
MAIN BATHROOM		 	
WALLS	HOLE IN WALL BEHIND DOOR WHERE HANDLE HITS WALL		
LIVING ROOM		 	
-	CRACK IN CONCRETE FLOOR RUNS RIGHT ACCROSS CENTER OF FLOOR. ADDITIONAL CRACK TO RIGHT OF FURNACE CLOSET AND AND TO LEFT OF PATIO DOOR,		
KITCHEN		 	
FLOORING	ALL TILES LEADING INTO THE LIVING AREA FROM THE KITCHEN ARE CRACKED, ONE TILE CRACKED AS WELL AT LEFT SIDE OF ENTRY INTO BATHROOM.		
WALLS	PAINT TAPE NOT REMOVED BEHIND FRIDGE AND STOVE. AREA BEHIND APPLIANCES NOT CLEANED.	 	
CABINETS	UPPER CABINET OVER FRIDGE. SHIM VISIBLE UNDER CABINET,	 	
RANGEHOOD	LIGHT BULB NOT WORKING.		
NOTE:	FR5IDGE DOOR IS DENTED AND NEEDS TO BE REPLACED.		
LAUNDRY ROOM		 	
FLOORING	2 CRACKED TILES IN LAUNDRY ROOM NEAR DRAINS.	 	
TRIM	DOOR DOES NOT CLOSE PROPERLY.	 	
EXTERIOR			
DECK	ELECTRICAL OUTLE COVER PLATE IS BROKEN.		

THE COMPLETED PRE-DELIVERY INSPECTION IS A FORMAL RI POSSESSION IT WILL BE USED AS A REFERENCE FOR FUTURE * Purchasers or owners who intend to designate someone to conduct the	WARRANTY REOUESTS	
authorizing the designate to sign this form on their behalf.	\ /	· · · · · · · · · · · · · · · · · · ·
BATURA C		
Builder Representative	Purchaser	
Designate's Name(please print)	Designate's Signature	
I the homeowner, confirm that all repair work listed has been completed		
	Purchaser	Date

31001-PDIF-01.01





CERTIFICATE OF COMPLETION AND POSSESSION/ WARRANTY CERTIFICATE

(FOR FREEHOLD AND CONDOMINIUM UNITS)

THE VENDOR SHALL:

1. Complete this form with accurate information, including the final purchase price. (Failure to do so may have adverse consequences for the Vendor's licence); and

2. Deliver a signed copy of this document to the homeowner on or before the Pre-Delivery Inspection date.

AUTHORIZED SIGNATORY

HOME ENROLMENT NO. 1845570 COMMON ELEMENT. NO. (If applicable) 1833064

VENDOR'S NAME:	PRATT HAN	RATT HANSEN GROUP INC.		VENDOR REF. NO		34234		
VENDOR'S ADDRESS: 301 King St. BARRIE L4N6B5								
BUILDER'S NAME:(If					BUILDER REF. NO	o.:		1
different from Vendor)								
BUILDER'S ADDRESS:								
HOME ADDRESS (Please	correct as requ	uired):						
43	Ferndale	e Dr. S.					104	
NUMBER	STREET NAME	E					CONDO SUITE	NO.
BARRIE		L4N5W6			,		(If applicable)	
CITY/TOWN		POSTAL CODE						
LEGAL DESCRIPTION (P	lease correct as	required);					•	
104	51M-959)			Barri	e, City		
LOT OR UNIT/LEVEL	PLAN		BLOCK	CONCESSION	LOCAL N		(Where building pe	ərmit
FINAL PURCHASE PRICE						~,		
		uction contract and including	g upgrades and extras, but	excluding HST;	\$ 152,091	.00	. ·	
REGISTERED OWNER(S)	(Please print na	ames as shown or to be s	howπ on the Transfer/De	ed of Land):				
	a Romita						····	
EMAIL:								
ł I	s email address to send i	1 important information regarding the w	varranty.)					
III TARION					Tai	rion Warr	anty Corpor	ation
madificanc on largos fit in golde bevies			ž ⁱ			5160	Yonge Street, 12t Toronto, ON M	h Floor
Warranty Information Go to www.tarion.com to (i) access your Homeowner Information Package - a guide to your new home warranty; and (ii) register for MyHome - Tarion's online service for homeowners.								
VENDOR/BUILDER REF. M	NO.: 3423		-		OLMENT NO.:	1845570)	
WARRANTY START DATE	Sep/	/19/2013						
HOME ADDRESS: 43	Ferndale	Dr. S. 104 BAR	RIE L4N5W6					
VENDOR/BUILDER AFTER			, <u></u>					
SALES SERVICE CONTACT The Vendor confirms that (i) to		nisted for passession, and /	/// the exetion 12	-4: 4: 0-6-4-4				
commencing on the Warranty in the accompanying Pre-Del	y Start Date (Date	e of Possession) noted abov	ve. Unfinished work and/or	surface defects in v	New Home Warrant vork and materials (ies Plan Act ap not accepted by	ply to the home ' the owner(s)) are	set out
The Vendor hereby confirms	s the accuracy	****						\neg

DATE



5160 Yonge Street, 12th Floor Toronto, ON M2N 6L9

Toll Free Tel: 1-877-982-7466 Toil Free Fax: 1-866-839-5202 V/B REFERENCE NO.

UNIT ENROLMENT NO.

1845570

34234

C.E. NO. (IF APPLICABLE)

183306

CERTIFICATE OF COMPLETION AND POSSESSION (FOR FREEHOLD AND CONDOMINIUM UNITS)

NOTE: ONLY TARION WARRANTY CORPORATION FORMS WILL BE ACCEPTED FOR PROCESSING. VENDOR/BUILDER'S NAME: Pratt Hansen Group Inc. Pratt Homes VENDOR/BUILDER'S ADDRESS: 301 King St. BARRIE LANGES NUMBER CITY/TOWN BUILDER'S NAME (IF DIFFERENT THAN VENDOR) POSTAL CODE BUILDER BUILDER'S ADDRESS NUMBER STREET NAME CITY/TOWN POSTAL CODE NEW HOME ADDRESS (PLEASE COMPLETE OR CORRECT AS REQUIRED) 104 (IF APPLICABLE CONDO UNIT NUMBER) BARRIE POSTAL CODE LEGAL DESCRIPTION (PLEASE COMPLETE OR CORRECT AS REQUIRED) 104 # 51M-959 LOT BLOCK CONCESSION City Barrie, LOCAL MUNICIPALITY (WHERE BUILDING PERMIT WAS ISSUED) TYPE OF OWNERSHIP: ☐ FREEHOLD □ ©ONDOMINIUM TYPE OF HOME: ☐ DETACHED ☐ SEMI-DETACHED ☐ TOWNHOUSE DUPLEX ☐ HIXRISE □ CONTRACT HOME ☐ SEWER SYSTEM PRIVATE SEWAGE DISPOSAL SYSTEM OTHER (SPECIFY) ☐ PURCHASER RESPONSIBLE FOR PRIVATE SEWAGE DISPOSAL SYSTEM THIS SECTION MUST BE COMPLETED PLEASE PRINT NAME OF REGISTERED OWNER(S) (IF CONDOMINIUM USE DATE OF OCCUPANCY) ACTUAL
PURCHASE PRICE
(INCLUDING UPGRADES AND
EXTRAS, BUT EXCLUDING HST)
\$ NOTE TO BUILDER: IF MONIES ARE ENCLOSED FOR ENROLMENT FEE ADJUSTMENT - PLEASE INDICATE ENROLMENT NUMBER ON THE BACK OF THE CHEQUE. DO NOT SEND CASH. AFTER SALES SERVICE CONTACT: RECEIPT OF THE HOMEOWNER INFORMATION PACKAGE PLEASE PRINT HOMEOWNER EMAIL ADDRESS Homeowner - Initial to confirm receipt of the Homeowner Information Package.

Designate - Initial to confirm receipt of the Homeowner Information Package.

PURCHASER

PURCHASER CERTIFICATE: The undersigned Purchaser(s) hereby certifies to Tarion Warranty Corporation that the Purchaser(s) has/have inspected the home described above and such home is substantially completed and is ready for possession by the Purchaser(s) on the date of possession indicated above notwithstanding completion by the Vendor/Builder of items listed on the Pre-Delivery Inspection Form. THIS IN NO WAY PRECLUDES THE DISCOVERY AND REPORTING OF FURTHER COMPLAINTS AND OR DEFECTS WITHIN THE SPECIFIED WARRANTY PERIODS. THIS CERTIFICATE OF COMPLETION AND POSSESSION MUST BE COMPLETED BY BOTH PARTIES AND SUBMITTED TO TARION WARRANTY CORPORATION BY THE VENDOR WITHIN 15 DAYS OF THE DATE OF POSSESSION.

el VENDOR/BUILDER

The Vendor/Builder warrants that the home is constructed in a workmanlike manner and free of defects in material. A COMPLAINT MUST BE F BEFORE THE APPROPRIATE WARRANTY PERIOD EXPIRES.

For example, if your home's date of possession is November 8, 2009:

• The one year warranty begins on November 8, 2009 and ends on November 7, 2010

• The two year warranty begins on November 8, 2009 and ends on November 7, 2011

• The seven year Major Structural Defects (MSD) warranty begins on November 8, 2009 and remains in effect until and including November 7, 2010 SHOULD TAKE NOTE OF WHEN YOUR WARRANTY COVERAGES EXPIRE, BASED ON THE DATE OF POSSESSION SHOWN BELOW. rial. A COMPLAINT MUST BE REPORTED TO BOTH THE VENDOR AND TARION IN WRITING,

WARRANTY COMMENCES ON THE DATE OF POSSESSION:

(DATE OF OCCUPANCY, IF CONDOMINIUM)

(VENDOR/BUILDER TO COMPLETE)

arranty

(Ontario New Home Warranties Plan Act)

TARION WARRANTY CORPORATION (TARION) hereby confirms that the home identified above has the benefit of the warranties set forth in the Ontario New Home Warranties Plan Act, R.S.O. 1990, C.0.31.

34234 1845570



MPORTANT - HOMEOWNER : DETACH LABEL

FFIX LABEL TO YOUR ELECTRICAL PANEL BOX TO IDICATE THAT THE WARRANTY IS IN EFFECT 1202