

**PDI** Page 1 of 1 TARION

Vendor/Builder #

Purchaser Name : Phone Res :

Phone Bus : Closing Date : Inspector:

Madison Marie Holdings (705) 717-2457

Bruno Tidd

Enrollment # Legal Address: Project:

Municiaplity:

845573 DLS[19] Pratt Hansen Group

Plan #: Lot / Pha

43107 / Building43

Inspection Date: 7 Oct 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

Hot water heater, if provided (not rental)
 Exterior finished, driveways, walkways, decks and landscaping

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

OPERATING CONDITION

· Gas fireplaces, incl.circulation fans, if provided · Heat Recovery Ventilation system, if provided

Heating system
Hot water heater, if provided (not rental)

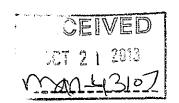
· Air conditioning system, if provided and if conditions permit

Also list here anything that can't be assessed because for example is dirty or inaccessible.

GENERAL COMMENTS		
INSPECTION START TIME	INSPECTION STARTED AT 6:30 P,M,	 ·····
NOTE:	TOUCH UPS REQUIRED THROUGH OUT AS INDICATED	 
NEW TELEPHONE NUMBER	705-717-2457	 
MASTER BEDROOM		
WALK IN CLOSET	SLIDING DOOR ON LEFT SIDE DOES NOT APPEAR STRAIGHT.	 
MAIN BATHROOM		
ELECTRICAL/LIGHTING	FAN IS REALLY NOISY, SEEMS TO BE RUBBING ON SOEMTHING.	 
KITCHEN		
CABINETS	UPPER CABINETS OVER STOVE DOORS NEED ADJUSTING. RANGE HOOD VENT NOT ATTACHED, REA PANEL OF UPPER OVER STOVE TO BE REPLACE.	 
COUNTERTOPS	EDGE PIECE MISSING AT TOP OF COUNTER BEHIND SINK.	 

D	THE COMPLETED PRE-DELIVERY INSPECTION IS A FORMAL RIPOSSESSION IT WILL BE USED AS A REFERENCE FOR FUTURE.  * Purchasers or owners who intend to designate someone to conduct the authorizing the designate to sign this form on their behalf.  Builder Representative	WARRANTY BEQUESTS //	·
	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





## man-43101 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.

184007	3	
COMMON	ELEMENT.	NO.

(If applicable) 1833064

VENDOR'S NAME:	PRATT HA	NSEN GROUP INC.			VENDOR REF. NO	34234	4	
VENDOR'S ADDRESS:	30	1 King St. BARR	IE L4N6B5		· · · · · · · · · · · · · · · · · · ·	<del> </del>		
BUILDER'S NAME:(If					BUILDER REF. NO.:			
different from Vendor)	<u> </u>							İ
BUILDER'S ADDRESS:								
HOME ADDRESS (Pleas	se correct as req	uired):						
43	Ferndal	e Dr. S.					107	
NUMBER	STREET NAM	IE .					CONDO SUITE	NO.
BARRIE		L4N5W6					(if applicable)	
CITY/TOWN		POSTAL CODE		•				
LEGAL DESCRIPTION (	Please correct a	s required):		<u>.</u>	. · · <u> </u>			
107	51M-95	9			Barrie,	City		
LOT OR UNIT/LEVEL	PLAN		BLOCK	CONCESSION	LOCAL MUN was issued)	(ICIPALITY (WI	here building pe	ımit
(As per the purchase agreement or construction contract and including upgrades and extras, but excluding HST) \$ 199,620.00  REGISTERED OWNER(S) (Please print names as shown or to be shown on the Transfer/Deed of Land):  NAME(S): Madison Marie Holdings Madison marie Holdings								
EMAIL: (Tarion and the Vendor will use this email address to send Important information regarding the warranty.)								
Tarion Warranty Corporation 5160 Yonge Street, 12th Floor								
						To	oronto, ON M	2N 6L9
Warranty Information  Go to <u>www.tarion.com</u> 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	NO.: 342	234		ENR	ROLMENT NO.:	845573		
WARRANTY START DA	TE: Oc	t/10/2013		<u>-</u>	· <del>.</del> .	·		
HOME ADDRESS: 43 Ferndale Dr. S. 107 BARRIE L4N5W6								
VENDOR/BUILDER AFT	*							
SALES SERVICE CONTACT:  The Vendor confirms that (i) the home is completed for possession; and (ii) the section 13 warranties under the Ontario New Home Warranties Plan Act apply to the home commencing on the Warranty Start Date (Date of Possession) noted above. Unfinished work and/or surface defects in work and materials (not accepted by the owner(s)) are set out in the accompanying Pre-Delivery Inspection Form.								
The Vendor hereby confi	•							

DATE



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

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

34234

UNIT ENROLMENT NO.

1845573

C.E. NO. (IF APPLICABLE)

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

NOTE: ONLY TARION WARRANTY CORPORATION FORMS WIL	L BE ACCEPTED FOR PROCESSING.
VENDOR/BUILDER'S NAME: Pratt Hansen Gr Pratt Homes VENDOR/BUILDER'S ADDRESS: 301 King St. I NUMBER STREET NAME	oup Inc. BARRIE L4N6B5 CITY/TOWN POSTAL CODE BUILDER
(E DIFFERENT THAN VENDOR)  BUILDER'S ADDRESS  NUMBER STREET NAME	REFERENCE NO. CITY/TOWN POSTAL CODE
	ECOMPLETE OR CORRECT AS REQUIRED)
43 Ferndale Dr S # 107  NUMBER STREET NAME (IF APPLICABLE)	BARRIE E CONDO UNIT NUMBER) CITY/TOWN POSTAL CODE
OTHERT (II AT ELONGIA	CITYTOWN POSTAL CODE
LEGAL DESCRIPTION (PLEASE  107* 51M-959  LOT PLAN BLOCK  Barrie, City  LOCAL MUNICIPALITY (WHERE BUILDING PERMIT WAS	
TYPE OF OWNERSHIP:  TREEHOLD	
TYPE OF HOME:	
DETACHED SEMI-DETACHED TOWNHOUSE	DUPLEX 🗖 HIGRISE 🗖 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)
ACTE OF POSSESSION: F CONDOMINIUM USE NATE OF POSSESSION: F CONDOMINIUM USE NOTURAL FUNCTUAL FUNCTUAL FUNCTUAL FUNCTUAL FUNCTUAL FUNCTION OF PRICE FUNCTION	GIVEN NAME  SURNAME  SURNAME  SURNAME  SURNAME  PLEASE INDICATE ENROLMENT NUMBER ON THE BACK OF THE CHEQUE. DO NOT SEND CASH
NAME OF SERVICE CONTACT:  Securco Doot  NAME OF SERVICE CONTACTO	301 King St Barrie 721-9912  ADDRESS TELEPHONE
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.	
URCHASER CERTIFICATE: The undersigned Purchaser(s) hereby certifies to Tarion Warra orporation that the Purchaser(s) has/have inspected the home described above and such home ubstantially completed and is ready for possession by the Purchaser(s) on the date of possess dicated above notwithstanding completion by the Vendor/Builder of items listed on the Pre-Delix spection Form. THIS IN NO WAY PRECLUDES THE DISCOVERY AND REPORTING OF FURTHOMPLAINTS AND OR DEFECTS WITHIN THE SPECIFIED WARRANTY PERIODS.  THIS CERTIFICATE OF COMPLETION AND POSSESSION MUST BE COMPLETE BY BOTH PARTIES AND SUBMITTED TO TARION WARRANTY CORPORATION BY BY BOTH PARTIES AND SUBMITTED TO TARION WARRANTY CORPORATION BY SOFTHE DATE OF POSSESSION.	DATE
<del>ere begejt ere er er er geleg er er er er ge</del> jekt er er er konstre er er beget er	HE DATE OF POSSESSION SHOWN BELOW.

34234 1845573

(DATE OF OCCUPANCY, IF CONDOMINIUM)

(VENDOR/BUILDER TO COMPLETE)

## Warranty Certificate

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.

**IMPORTANT - HOMEOWNER : DETACH LABEL** 

AFFIX LABEL TO YOUR ELECTRICAL PANEL BOX TO INDICATE THAT THE WARRANTY IS IN EFFECT

TARION - 10 / REV. 01.

T-1202