ГОІ ГІШІ ГОІШ



PDI Page 1 of 1



Vendor/Builder#

Purchaser Name : Phone Res: Phone Bus: Closing Date:

Inspector:

(705) 436-4534 (416) 575-7233 2013-09-05 Bruno Tidd

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

DLS[19] Pratt Hansen Group

Municiaplity:

43407 / Building43

Inspection Date: 2 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

NOTE:

CABINETS

- 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 is dirty or inaccessible.

- 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 INSPECTION START TIME INSPECTION STARTED AT 5:30

TOUCH UPS REQUIRED THROUGH OUT AS INDICATED.
PURCHASERS FEEL THAT ALL CELINIGS WERE NOT PRIMED
BEFORE POPCORN CEILING WAS APPLIED AND AS A RESULT

ALL DRYWALL SHEETS AND SEAMS ARE VISIBLE.

NEW TELEPHONE NUMBER 705-436-4534

MASTER BEDROOM]	
TRIM	MASTER	BEDROOM	DOOR	DOES	NOT	CLOSE	PROPERLY.

BEDROOM #2

WALL AT EITHER SIDE WHERE, DOORS HIT WALL SHOULD HAVE THIN FLAT EDGE PIECE AS IN OTHER UNITS, TRIM FOYER/HALL

DOOR IS CROOKED, LARGE GAP TOP LEFT SIDE, AND CRACK TO FRONT DOORS RIGHT OF RIGHT SIDE TRIM.

KITCHEN

LOWER RIGHT DOOR UNDER SINK. BADLY SCRATHCED AT TOP. MANY OF THE UPPER HANDLES ARE CROOKED. SCRATCHED UPPER CABINET RIGHT SIDE OVER RANGE HOOD. CROWN MOLDING HAS A GAP ON RIGHT SIDE DUE TO CROOKED BULKHEAD.SCRATCH ON DOOR TO LEFT OF RANGE HOOD.

SCRATCHED CABINET IN RIGHT UPPER CORNER

RECEIVED SEP 0 3 2013

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

31001-PDIF-01.01



VENDOR/BUILDER AFTER SALES SERVICE CONTACT:

CERTIFICATE OF COMPLETION AND POSSESSION/ WARRANTY CERTIFICATE

(FOR FREEHOLD AND CONDOMINIUM UNITS)

THE VENDOR SHALL:

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

1845609

COMMON ELEMENT. NO.

HOME ENROLMENT NO.

(If applicable) 1833064

VENDOR REF. NO 34234 VENDOR'S NAME: PRATT HANSEN GROUP INC. VENDOR'S ADDRESS: 301 King St. BARRIE L4N6B5 BUILDER REF. NO .: BUILDER'S NAME:(If different from Vendor) BUILDER'S ADDRESS: HOME ADDRESS (Please correct as required): 407 Ferndale Dr. S. 43 CONDO SUITE NO. STREET NAME NUMBER (If applicable) L4N5W6 **BARRIE** CITY/TOWN POSTAL CODE LEGAL DESCRIPTION (Please correct as required): Barrie, City 51M-959 407 LOCAL MUNICIPALITY (Where building permit BLOCK CONCESSION LOT OR LINIT/LEVEL PLAN was issued) FINAL PURCHASE PRICE: (As per the purchase agreement or construction contract and including upgrades and extras, but excluding HST) \$ 236,645.00 REGISTERED OWNER(S) (Please print names as shown or to be shown on the Transfer/Dead of Land): NAME(S): Victor Santos EMAIL: nall address to send important information regarding the warranty. Tarion Warranty Corporation **III** TARION 5160 Yonge Street, 12th Floor Toronto, ON M2N 6L9 Go to www.tarion.com to (i) access your Homeowner Information Package - a guide to your new home Warranty Information warranty; and (ii) register for MyHome - Tarion's online service for homeowners. ENROLMENT NO .: VENDOR/BUILDER REF. NO.: 1845609 34234 WARRANTY START DATE: Sep/05/2013 HOME ADDRESS: 43 Ferndale Dr. S. 407 BARRIE L4N5W6

c	the Vendor confirms that (i) the home is com- ommencing on the Warranty Start Date (Data the accompanying Pre-Delivery Inspection	e of Possession) noted above. Unfinished	13 warranties under the Ontario New Home Warr work and/or surface defects in work and material	anties Plan Act apply to the home s (not accepted by the owner(s)) are set out
	The Vendor hereby confirms the accuracy of the information noted in this document			
		AUTHORIZED SIGNATORY	DATE	



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

Toll Free Tel: 1-877-982-7466 Toll Free Fax: 1-866-839-5202 34234

UNIT ENROLMENT NO.

V/B REFERENCE NO.

1845609 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.

Pratt Hansen Group Inc. VENDOR/BUILDER'S NAME: Pratt Homes BARRIE L4N6B5 301 King St. VENDOR/BUILDER'S ADDRESS: POSTAL CODE NUMBER CITY/TÓWŃ BUILDER BUILDER'S NAME (IF DIFFERENT THAN VENDOR) REFERENCE BUILDER'S ADDRESS POSTAL CODE CITY/TOWN STREET NAME NUMBER NEW HOME ADDRESS (PLEASE COMPLETE OR CORRECT AS REQUIRED) 407 (IF APPLI Ferndale Dr S POSTAL CODE PLICABLE CONDO UNIT NUMBER) NUMBEE LEGAL DESCRIPTION (PLEASE COMPLETE OR CORRECT AS REQUIRED) 51M-959 407 CONCESSION LOT BLOCK Barrie, City LOCAL MUNICIPALITY (WHERE BUILDING PERMIT WAS ISSUED) JYPE OF OWNERSHIP: ☐ FREEHOLD © CONDOMINIUM TYPE OF HOME: ☐ CONTRACT HOME ☐ HIJRISE ☐ DUPLEX ☐ TOWNHOUSE ☐ DETACHED ☐ SEMI-DETACHED ☐ PURCHASER RESPONSIBLE FOR PRIVATE SEWAGE DISPOSAL SYSTEM ☐ PRIVATE SEWAGE DISPOSAL SYSTEM SEWER SYSTEM PLEASE PRINT NAME OF REGISTERED OWNER(S) THIS SECTION MUST BE COMPLETED DATE OF POSSESSION: (IF CONDOMINIUM USE DATE OF OCCUPANCY) SURNAME ACTUAL PURCHASE PRICE GIVEN NAME PLEASE INDICATE ENROLMENT NUMBER ON THE BACK OF THE CHEQUE. DO NOT SEND CASH. NOTE TO BUILDER: IF MONIES ARE ENCLOSED FOR ENROLMENT FEE ADJUSTMENT 11-9912 AFTER SALES SERVICE CONTACT: 24 TELEPHONE PLEASE PRINT HOMEOWNER EMAIL ADDRESS RECEIPT OF THE HOMEOWNER INFORMATION PACKAGE Homeowner - Initial to confirm receipt of the Homeowner Information Package. SANTOS G Designate - Initial to confirm receipt of the Homeowner Information Package. 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.

ORTED TO BOTH THE VENDOR AND TARION IN WRITING, The Vendor/Builder warrants that the home is constructed in a workmanlike manner and free of defects in BEFORE THE APPROPRIATE WARRANTY PERIOD EXPIRES.

- 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

YOU SHOULD TAKE NOTE OF WHEN <u>YOUR</u> WARRANTY COVERAGES EXPIRE, BASED ON THE DATE OF POSSESSION SHOWN BELOW.

34234 1845609

WARRANTY COMMENCES ON THE DATE OF POSSESSION:

(DATE OF OCCUPANCY, IF CONDOMINIUM)

(VENDOR/BUILDER TO COMPLETE)

Warrant 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

T-1202

TARION - 10 / REV. 01