## PDI Page 1 of 1



HOMES Vendor/Builder#

Purchaser Name:

Varis Pludons and Rita Pludons

Phone Res: Phone Bus: Closing Date: (416) 755-8008

2014-01-30 Bruno Tidd

Enrollment# Legal Address:

Project: Plan #: Lot / Phase #: Municiaplity: 1880094 Pratt Hansen Group

45211 / Building45 Inspection Date: 28 Jan 2014

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

KITCHEN

CABINETS

COUNTERTOPS

GENERAL COMMENTS

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.

SCREEN NOT INSTALLED.

INSTALLED.

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

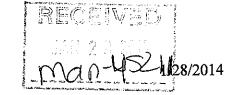
INSPECTION START TIME INSPECTION STARTED AT 12:00 P.M. TOUCH UPS REQUIRED THROUGH OUT AS INDICATED. UNIT NOTE: NEEDS TO BE RE CLEANED. WALLS VERY DUSTY. MASTER ENSUITE BATH FAUCETS/PLUMBING FAUCET IN TUB SEPERARED FROM WALL. BEDROOM #2 **ELECTRICAL/LIGHTING** CABLE WIRE STICKING OUT OF WALL. BEDROOM #3 ELECTRICAL/LIGHTING CABLE WIRE STICKING OT OF WALL. MAIN BATHROOM PURCHASER FEELS THAT WRONG PLUMBING PACKAGE WAS IN SHOWER ENCLOSURE STALLED IN SHOWER. THEY THOUGHT THEY WERE GETTING HAND HELD SHOWER AS PURCHASER IS CONCERENED THAT DRAIN GOES INTO WALL AND FAUCETS/PLUMBING THERE IS NO SEAL ON THE BACK OF THE CABINET. HAS CONCERNS THAT RODENTS COULD GAIN ACCESS. LIVING ROOM VENT COVER FROM FURNACE CROOKED. GARDEN/PATIO DOORS

UPPER CABINET TO RIGHT OF SINK HAS LARGE CRACK IN

GRANITE COUNTER TOP NOT INSTALLED. BACKSPLASH NOT

| 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 | WARRANTY REQUESTS     |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------|
| 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





## CERTIFICATE OF COMPLETION AND POSSESSION/ WARRANTY CERTIFICATE

HOME ENROLMENT NO.

(FOR FREEHOLD AND CONDOMINIUM UNITS)

ma1-45-211

THE VENDOR SHALL:

n the accompanying Pre-Delivery Inspection Forr

AUTHORIZED SIGNATORY

of the information noted in this document

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

| 1880094             |  |
|---------------------|--|
| COMMON ELEMENT, NO. |  |
| (If applicable)     |  |

2. Deliver a signed copy of this document to the homeowner on or before the Pre-Delivery Inspection date. 1874532 PRATT HANSEN GROUP INC. VENDOR'S NAME: VENDOR REF. NO 34234 VENDOR'S ADDRESS: 301 King St. BARRIE L4N6B5 BUILDER'S NAME:(If BUILDER REF. NO .: different from Vendor) BUILDER'S ADDRESS: HOME ADDRESS (Please correct as required): 45 Ferndale Dr S # 211 NUMBER STREET NAME CONDO SUITE NO. **BARRIE** (If applicable) CITY/TOWN POSTAL CODE LEGAL DESCRIPTION (Please correct as required): 211 51M-959 Barrie, City LOT OR UNIT/LEVEL BLOCK CONCESSION LOCAL MUNICIPALITY (Where building permit was issued) FINAL PURCHASE PRICE: (As per the purchase agreement or construction contract and including upgrades and extras, but excluding HST) \$ 290,320.00 REGISTERED OWNER(S) (Please print names as shown or to be shown on the Transfer/Deed of Land): NAME(S): Varis Pludons & Rita Pludons EMAIL: (Tarion and the Vendor will use this email address to send important information regarding the warranty.) **III** TARION Tarion Warranty Corporation 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. VENDOR/BUILDER REF. NO.: 34234 ENROLMENT NO .: 1880094 WARRANTY START DATE: Jan/30/2014 HOME ADDRESS: 45 Ferndale Dr S # 211 211 BARRIE VENDOR/BUILDER AFTER Service-705-721-9912 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

DATE