

Pre-Delivery Inspection (PDI) Form

SITE: 1111571 LOT #: 311 ENROLMENT # H

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 Sale (APS).

PAGE #: 1 OF 2

Item #	Room/Location	Description
	UNDER HOOD	RENT ON HANGING OUTSIDE BODIES ✓ <i>JS</i>
	KITCHEN	CAP ON VALVE, LEFT OF STOVE X
	KITCHEN	REPLACE LIGHT BROKE GLASS, DAMAGED WHEN MOVED BY ME, WASN'T CENTERED TO X BUT HEAD
	KITCHEN	CAP ON UPPER LEFT OF SINK @ BUTTER GRATER X
	KITCHEN	SCREEN GLUING THROUGH LEFT FRONT GLASS X FRONT PANELS TO THE LEFT
	ENTRANCE	CLEAN MIRROR FROM PORCH SLAB X
	BATHROOM	REPLACE SCREEN @ KITCHEN TRAY @ THE LEFT ✓ <i>JS</i>
		5 INTERIOR DEBRIDGES
		2 EXTERIOR DEBRIDGES
		OWNER SIGNATURE: <i>Shereka</i>
		The Homeowner acknowledges and accepts that all initiated work has been completed in a manner like "warranty" to their satisfaction
		KITCHEN
		* REPAIR FILTER ABOVE RIGHT OF SINK
		* ADJUST KITCHEN SLIDING DOOR

Purchaser's signature *Shereka*

Date 2020, 01, 03



Zancor Homes (Innisfil) Ltd.
Warranty Services
Phone: (905) 738-7010
Fax: (905) 738-5948

Work Order

Closing Date: 16Jan20

Address:

Location: Belle Aire Shores - Phase: 2 - Lot: 31N

Today's Date: 03Jan20

Contact(s):

Email:

Company: Bolton Railings Inc.

Attention: Jessie /John

Telephone: (905) 857-3266

Fax: (905) 857-7723

Please Complete the following items:

DAI	Type	Issue	Appt. Date/Time	Notes
137734	PDI	Upper Hall- Railings - Interior- Dent on handrail outside bdrrn3		

Date Completed: _____

Homeowner Signature: _____

The Homeowner acknowledges and accepts all work
has been completed in a workman like manner.

Date Completed: 30 Jan 20

Trade &/or Service Tech.

Signature: _____

Print Name: John D'Erigo

Please schedule your Service Department to complete work on the above Lot. Should no
appointment time or date appear (below) on this form, it is your responsibility to arrange and
adhere to the appointment you have scheduled. Your service representative must have this form
signed by homeowner on completion. Please fax the signed form to our office (905) 833-4367.

Failure to comply with this request within 10 business days will give Zancor Homes (and
it's group of companies) the right to carry out any and all repairs. All costs incurred will be
applied to the Company listed above.

MIKI

Jan 17th



Zancor Homes (Innisfil) Ltd.
 Warranty Services
 Phone: (905) 738-7010
 Fax: (905) 738-5948

Work Order

Closing Date: 18 Jan 20

Address: Belle Aire Shores - Phase: 2 - Lot: 31N
Location: 17 Jan 20
Today's Date:
Contact(s): Jamaal Arnicaar Fyffe - Home: (416) 892-1314
 Sheena Rochelle Sterling-Fyffe - Home: (416) 806-2568
Email: jamaal.fyffe@gmail.com

Company: New Image Kitchens

Attention: (416) 739-0007
Telephone: (416) 739-7031
Fax:

Please Complete the following items:

DAI	Type	Issue	Appl. Date/Time	Notes
137735	PDI	Kitchen- Cabinets - Kitchen & Bathroom- Chip on valance, left of stove		done
137736	PDI	Kitchen- Cabinets - Kitchen & Bathroom- Replace right fridge gable, damaged when moved by NL. wasn't centered to bulk head		done
137737	PDI	Kitchen- Cabinets - Kitchen & Bathroom- Chip on upper door, left of sink @ bottom corner		done
137738	PDI	Kitchen- Cabinets - Kitchen & Bathroom- Screw coming through to left fridge gable from lower to the left		done
137834	Interval	Kitchen- General- Trim/Filler required at right of sink		done

Date Completed: _____

Homeowner Signature: _____
The Homeowner acknowledges and accepts all work
has been completed in a workman like manner.

Date Completed: 10/17/20

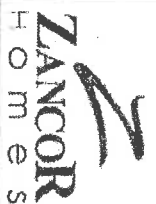
Trade &/or Service Tech

Signature: _____

Print Name: _____

Please schedule your Service Department to complete work on the above Lot. Should no appointment time or date appear (below) on this form, it is your responsibility to arrange and adhere to the appointment you have scheduled. Your service representative must have this form signed by homeowner on completion. Please fax the signed form to our office (905) 833-4367.

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Warranty Services
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Fax: (905) 738-5948

Work Order

Closing Date: 16 Jan 20

Address:

Location: Belle Aire Shores - Phase: 2 - Lot: 31N

Today's Date: 28 Jan 20

Contact(s): Jamaal Amlicar Fyfe - Home: (416) 892-1314

Sheena Rochelle Sterling-Fyfe - Home: (416) 806-2568

Email: jamaal.fyfe@gmail.com

Company: AV Classic

Attention:

Telephone: (905) 760-7840

Fax: (905) 760-7838

Please Complete the following items:

DAI	Type	Issue	Appt. Date/Time	Notes
137841	Interval	Kitchen- General- 2 tiles missing at back splash near chimney hood		WARRANTY OR WHITE

Date Completed: _____

Homeowner Signature: _____

The Homeowner acknowledges and accepts all work
has been completed in a workman like manner.

Date Completed: _____

Trade &/or Service Tech.

Signature: _____

Print Name: _____

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KOCCO

FRIDAY, FEBRUARY 21ST

905-12-0004



Zancor Homes (Innisfil) Ltd.
Warranty Services
Phone: (905) 738-7010
Fax: (905) 738-5948

Work Order

Thu Feb 11
9:10 AM

Closing Date: 16 Jan 20

Address:

Belle Aire Shores - Phase: 2 - Lot: 31N

Location:

28 Jan 20

Today's Date:

Jamaal Amlicar Fyffe - Home: (416) 892-1314

Contact(s):

Email:

Sheena Rochelle Sterling-Fyffe - Home: (416) 806-2568 (work)
jamaal.fyffe@gmail.com

Company:

New Image Kitchens

Attention:

Telephone:

(416) 739-0007

Fax:

(416) 739-7031

Please Complete the following items:

DAI	Type	Issue	Appt. Date/Time	Notes
137892	Interval	Kitchen- Cabinets - Kitchen & Bathroom- Chip on valance, left of stove.		Done

Date Completed:

Feb 11 2020

Homeowner Signature

The Homeowner acknowledges and accepts all work
has been completed in a workman like manner.

Date Completed:

Feb 11 2020

Trade &/or Service Tech.

Signature:

A. Sympson

Print Name:

A. Sympson

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Warranty Services
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Fax: (905) 738-5948

Work Order

Closing Date: 16Jan20

Address:

Belle Aire Shores - Phase: 2 - Lot: 31N

Location:

16Jan20

Today's Date:

Jamaal Amlicar Fyffe - Home: (416) 892-1314
Sheena Rochelle Sterling-Fyffe - Home: (416) 806-2568

Contact(s):

jamaal.fyffe@gmail.com

Company:

Newmar

Attention:

Alex

Telephone:


(905) 672-1233
(905) 672-6350

Fax:

Please Complete the following items:

DAI	Type	Issue	Appt. Date/Time	Notes
137835	Interval	Kitchen- General- Adjust kitchen sliding door, not locking		

Date Completed: _____

Homeowner Signature: 
The Homeowner acknowledges and accepts all work
has been completed in a workman like manner.

Date Completed: _____

Trade &/or Service Tech.

Signature: _____

Print Name: _____

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