



**Zancor Homes (Innisfil) Ltd.**  
**Warranty Services**  
**Phone: (905) 833-1359**  
**Fax: (905) 833-4367**

**Work Order**

**Closing Date: 31Jul18**

**Address:** -  
**Location:** Belle Aire Shores - Phase: 1 - Lot: 148  
**Today's Date:** 22May18  
**Contact(s):**  
**Email:**

**Company:** Perfect Touch Painting  
**Attention:** John Hagithomes  
**Telephone:** (416) 399-2584  
**Fax:** (416) 929-0893

**Please Complete the following items:**

Deficiency Number	Type	Issue	Appt. Date/Time	Notes
127846	PDI	EXTERIOR- ~PAINTING NOT COMPLETE		
127853	PDI	FOYER/HALL- ~DENT ON LEFT FRONT DOOR FROM INSIDE BELOW HANDLE		Done
127854	PDI	FOYER/HALL- STAIRS~CRACK ON QUARTER ROUND BY 1ST TREAD AT SHORT FLIGHT OF STAIRS TO MAIN FLOOR		
127855	PDI	FOYER/HALL- STAIRS~FILL HOLES AT FIRST RISER BELOW NOSING AT SHORT FLIGHT OF STAIRS TO MUD ROOM		
127856	PDI	FOYER/HALL- STAIRS~CHIP ON FIRST TREAD BY NEWEL POST AT		

		STAIRS TO FIRST LANDING TO SECOND FLOOR				
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*Pho*

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: \_\_\_\_\_

*[Signature]*

Print Name: \_\_\_\_\_

*Robert*

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.**



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**Work Order**

**Closing Date:** 31Jul18

**Address:** -  
**Location:** Belle Aire Shores - Phase: 1 - Lot: 148  
**Today's Date:** 23May18  
**Contact(s):**  
**Email:**

**Company:** MCF Forming Contractors INC.  
**Attention:** Andrew Baker/Gabriel Cortellucci - Cell: 416-617-4900  
**Telephone:** (905) 669-1094  
**Fax:** (905) 669-3853

**Please Complete the following items:**

Deficiency Number	Type	Issue	Appt. Date/Time	Notes
127847	PDI	EXTERIOR- ~FILL GAPS AT FOUNDATION WALL BY LEFT GARAGE DOOR		

**Date Completed:** \_\_\_\_\_

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

**Date Completed:** May 23/18

**Trade &/or Service Tech.**

**Signature:** [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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