

**Enrollment:**  
**Purchaser Name:** Frankina, Weilsn Kobiari  
**Phone Res:**  
**Phone Bus:** (647) 924-6427  
**Closing Date:** February 24, 2022  
**Inspector:** Gisella Fiore



**Vendor / Builder:** 44528  
**Project:** Zancor Homes (Innisfil) Ltd.  
**Lot / Phase:** 68W / 3  
**Plan:**  
**Address:**  
**Municipality:**  
**Inspection Date:** October 27, 2022

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

**OPERATING CONDITION**

- Windows, interior and exterior 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

MASTER ENSUITE BATH			
FAUCETS/PLUMBING	TOLIET PAPER AND TOWEL RACK NOT INSTALLED	_____	_____
NOTE:	INSPECT TILE BASEBOARD BELOW FIX SHOWER GLASS UNEVEN LEFT OF TUB	_____	_____
MASTER BEDROOM			
NOTE:	BLACK MARK ON CEILING IN FRONT OF WINDOW	_____	_____
UPPER HALL			
WALLS	INSPECT RIGHT WALL WAVED AND BUBBLE IN STIPPLE LEFT OFF SMOKE DETECTOR	_____	_____
	HOLE IN STIPPLE LEFT OF FIXTURE LEFT OF STAIRS	_____	_____
MAIN BATHROOM			
NOTE:	INSTALL SHELF AT LOWER LEFT VANITY	_____	_____
FOYER/HALL			
STAIRS	VARNISH REQUIRED AT ALL STAIRS	_____	_____
	TRIM MISSING BELOW RISER AT FIRST LANDING AT STAIRS TO SECOND FLOOR	_____	_____
	CHIP ON NEWELL POST RIGHT SIDE AT STAIRS TO BASEMENT	_____	_____
BEDROOM #3			
WALLS	INSPECT TOLERANCE BOWED WALL LEFT OF AIR RETURN	_____	_____
POWDER ROOM			
FLOORING	CHIP ON TILE AT ENTRANCE TO POWDER ROOM	_____	_____
DINING ROOM			
FLOORING	CHIP ON 4RTH HARDWOOD PLANK INFRONT OF FIXED WINDOW	_____	_____
KITCHEN			
CABINETS	INSTALL HANDLES AT PANTRY'S AT RIGHT AND LEFT OF DESK	_____	_____
	REMOVE RIGHT FROM UPPER RIGHT CABINET RIGHT OF HOOD FAN 2) DENT ON UPPER LEFT	_____	_____
	CABINET LEFT OF HOOD FAN 3) INSTALL LOWER SHELF'S AT CABINETS LEFT OF COOK TIP	_____	_____
COUNTERTOPS	COUNTER TOP NOT INSTALLED AT DESK	_____	_____

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<b>KITCHEN</b>			
WINDOWS	CRACKED MULLIN BELOW SLIDING DOOR	_____	_____
<b>BASEMENT</b>			
WINDOWS	INSTALL WINDOW SCREENS THROUGHOUT	_____	_____
<b>LIVING ROOM</b>			
FLOORING	SECOND HARDWOOD PLANK AT ENTRANCE TO LIVING ROOM RAISED AND FILL NAILS HOLES AT THRESHOLD	_____	_____
<b>EXTERIOR</b>			
PAINT	SCRATCH ON RIGHT OPERATING DOOR	_____	_____
NOTE:	CAULKING REQUIRED AT UPPER RIGHT CORNER OF DOOR	_____	_____
	PAINT REQUIRED AT GARAGE DOOR TRIM.	_____	_____

THE COMPLETED PRE-DELIVERY INSPECTION IS A FORMAL RECORD OF THE HOME'S CONDITION BEFORE THE PURCHASER TAKES POSSESSION IT WILL BE USED AS A REFERENCE FOR FUTURE WARRANTY REQUESTS.

*\* Purchasers or owners who intend to designate someone to conduct the PDI in their place should ensure they provide written authority to the vendor/builder authorizing the designate to sign this form on their behalf.*

I have inspected my new home and I agree that the description of the items listed on this form are accurate.

Frankina, Weilsn Kobiar

Purchaser's Name (print)

Purchaser's Signature

Purchaser's Name (print)

Purchaser's Signature

Gisella Fiore

Designate's Name (print)

Designate's Signature

Inspector's Name (print)

Inspector's Signature

Date (YYYY/MM/DD)

2022/10/27

October 27, 2022