


Enrollment: Purchaser Name: Andrew, H Kovats Jannet Kovats Phone Res: Phone Bus: (416) 272-5295 Closing Date: April 13, 2023 Inspector: Gisella Fiore		Vendor / Builder: 44528 Project: Zancor Homes (Innisfil) Ltd. Lot / Phase: 56W / 3 Plan: Address: Municipality: Inspection Date: April 10, 2023
---	---	--

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

EXTERIOR			
PAINT	EXTERIOR PAINT NOT COMPLETE PAINT NOT COMPLETE IN GARAGE		
NOTE:	EXTERIOR LIGHTS NOT INSTALLED ABOVE GARAGE DOORS		
GARAGE DOORS	LEFT GARAGE DOOR NOT INSTALLED		
KITCHEN			
CABINETS	CHIP ON LEFT ISLAND GABLE BY BEDROOM. 2) CHIP ON BALANCE RIGHT OF WALL OVEN 3)CHIP ON RIGHT UPPER GABLE RIGHT OF HOOD FAN 4) CHIP AT BOTTOM RIGHT GABLE RIGHT OF WINE CABINET 5)CHIP INSIDE UPPER BACK PANEL AT CORNER CABINET LEFT OF HOOD FAN 6) INSPECT UPPER LEFT CABINET ABOVE WALL OVEN FOR CRACK 7) CHIP AT LEFT FILLER RIGHT OF WALL OVEN. 8) CHIP AT UPPER SHELF INSIDE UPPER RIGHT CABINET RIGHT OF HOODFAN 9) ADJUST POT DRAWER RIGHT OF COOK TOP. CHIP AT BOTTOM GABLE AT ISLAND BELOW SINK 2) CHIP ON RIGHT CABINET DOOR BELOW SINK 3) CROWN MOULDING ABOVE PANTRY SLOPPY CUT NOT LIKE THE OTHER ONES 4) SCREW HOLE AT LEFT GABLE LEFT OF HOODFAN. BROOM CLOSET NOT INSTALLED LEFT OF PANTRY.		
ELECTRICAL/LIGHTING	PUCK LIGHTS NOT INSTALLED AT GLASS CABINET		
COUNTERTOPS	BACKSPLASH NOT INSTALLED.		
DINING ROOM			
WINDOWS	WRONG WINDOW INSTALLED AS PER SITE		
MAIN BATHROOM			
VANITY CABINETS	CHIPS INSIDE BOTTOM LEFT CABINET AT SHELF		
MASTER ENSUITE BATH			
SHOWER ENCLOSURE	HANDLE NOT INSTALLED AT SHOWER GLASS SCRATCHES ON MARBLE JAM		
FOYER/HALL			
STAIRS	CHIP AT INSIDE STRINGER AT 4TH TREAD AT STAIRS FROM FOYER TO MAIN VARNISH DRIPS BELOW NOSING AT TREAD AT STAIRS TO MAIN FLOOR		
NOTE:	DENT ON GARAGE MAN DOOR		
WINDOWS	SCREEN MISSING AT OPERATING WINDOW BESIDE FRONT DOOR		
BASEMENT			
NOTE:	INSPECT SETTLEMENT CRACK		

Enrollment:
Purchaser Name: Andrew, H Kovats
Jannet Kovats
Phone Res:
Phone Bus: (416) 272-5295
Closing Date: April 13, 2023
Inspector: Gisella Fiore



Vendor / Builder: 44528
Project: Zancor Homes (Innisfil) Ltd.
Lot / Phase: 56W / 3
Plan:
Address:
Municipality:
Inspection Date: April 10, 2023

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.

Andrew, H Kovats

Purchaser's Name (print)

A handwritten signature in blue ink, appearing to be "AK", written over a horizontal line.

Purchaser's Signature

Jannet Kovats

Purchaser's Name (print)

Purchaser's Signature

A handwritten signature in blue ink, appearing to be "GF", written over a horizontal line.

Gisella Fiore

Inspector's Name (print)

Inspector's Signature

Designate's Name (print)

Designate's Signature

Date (YYYY/MM/DD)

2023/04/10

April 10, 2023