



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

Work Order

Closing Date: 29Sep22

Address:

Location: Shoreline Point - Phase: 1 - Lot: 92

Today's Date: 21Mar23

Contact(s): Anton Verbitskiy - Cell: (647) 821-3689 - (anton.verbitskiy@gmail.com)
Elena Verbitskaya - Cell: (647) 821-3735 - (elena.verbi@gmail.com)

Email: anton.verbitskiy@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
155443	PDI	MASTER ENSUITE BATH- VANITY CABINETS~SMALL CHIP INSIDE BOTTOM LEFT AND RIGHT BOTTOM GABLE AT SINK			<u>Done</u>
155445	PDI	KITCHEN- CABINETS~SCRATCH H ON UPPER LEFT CABINET LEFT OF HOODFAN 2) SCRATCH ON UPPER LEFT CORNER FILLER LEFT OF HOODFAN 3) SCRATCH ON UPPER LEFT CABIENT RIGHT OF HOODFAN	2-27-23 fix with filler (CT-up)		<u>Done</u>
155446	PDI	KITCHEN/ CABINETS~1) KICKPLATE NOT INSTALLED THROUGHOUT			

	KITCHEN 2) CHIP ON BOTTOM LEFT AND RIGHT CABINET RIGHT OF FRIDGE AND RIGHT BOTTOM CORNER RIGHT OF FRIDGE SMALL CHIP 3) CHIP ON BOTTOM POT DRAWER LEFT OF STOVE 4) INSPECT TOP POT DRAWER LEFT OF STOVE FOR SCRATCH 5) SMALL CHIP ON RIGHT CABINET AT ISLAND RIGHT OF SINK CORNER 6) SMALL CHIP BOTTOM LEFT CABINET BELOW SINK 7) SMALL CHIP ON TOP BANK OF DRAWER RIGHT OF STOVE 8) SCRATCH ON BOTTOM RIGHT CABINET RIGHT OF STOVE 9) SCRATCH ON LEFT ISLAND GABLE LEFT OF SINK 10) BACK GABLE OF ISLAND SCRATCHED 11) RIGHT GABLE RIGHT OF STOVE SCRATCHED			
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Done

Date Completed: _____

Homeowner Signature: N/a

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

Date Completed: 21 Apr, 2023

Trade &/or Service Tech.

Signature: 21 Apr, 2023, Index

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