

Enrollment:
Purchaser Name: Smita Dange

Phone Res:
Phone Bus: (647) 772-2153
Closing Date: November 13, 2023
Inspector: Gisella Fiore



Vendor / Builder:
Project: Zancor Homes (Caledon) Ltd.
Lot / Phase: 95B / 1B
Plan:
Address: 13 Gatherwood Terrace
Municipality:
Inspection Date: November 07, 2023

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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

POWDER ROOM

WALLS	DRYWALL REQUIRED TO COVER PIPES IN WALL BELOW POWER ROOM FLOATING SINK.	_____	_____
	DENT ON RIGHT GABLE BY TOLIET.	_____	_____
	OVER CUT AT CEILING FAN	_____	_____
	CHIP AT TOP DRAWER BELOW SINK AND HINGE INSIDE NOT INSTALLED.	_____	_____
SINK/FAUCET/PLUMBING	UPGRADED BATHROOM ACCESSORIES THROUGHOUT ALL BATHROOMS NOT INSTALLED SEE PHOTO FOR LOCATION.	_____	_____

FOYER/HALL

FLOORING	DAMAGE HARDWOOD PLANK INFRONT OF STAIRS TO BASEMENT - REPLACE.	_____	_____
STAIRS	DENT ON MULIN AT STAIRS TO 2ND FLOOR	_____	_____
	SECURE SCREW CAP AT TREAD AT STAIRS TO 2ND FLOOR BELOW NOSING.	_____	_____
	HOLE BELOW TREADS AT RISER AT STAIRS TO 2ND FLOOR.	_____	_____
	STAIN REQUIRED AT NEWEL POST CAP AT LANDING TO 2ND FLOOR	_____	_____
	DENTON NEWEL CAP AT MAIN FLOOR LEFT SIDE STAIR TO 2ND FLOOR	_____	_____
	CHIP ON OUTSIDE STRINGER BY NEWEL POST FACING DEN AND LEFT STRINGER FACING BASEMENT.	_____	_____
	CHIP IN INSIDE STRINGER RIGHT AND LEFT SIDE AT STAIRS TO BASEMENT BELOW NOSING	_____	_____
FRONT DOORS	PAINT DRIPS ON FRONT DOORS.	_____	_____
NOTE:	DENTS ON MAN DOOR	_____	_____
	FIREPLACE NOT SECURE TO WALL	_____	_____

LIVING ROOM

WALLS	OVER CUT AT WALL VENT RIGHT OF FIREPLACE.	_____	_____
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MASTER ENSUITE BATH

ELECTRICAL/LIGHTING	ADJUST LIGHT NOT STRAIGHT.	_____	_____
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SHARED ENSUITE

WALLS	AS PER EXTRAS SHOWER WALL SHOULD BE 12X 24 LOFT WHITE.	_____	_____
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SHARED ENSUITE			
ELECTRICAL/LIGHTING	ADJUST LIGHT NOT STRAIGHT AND LIGHT BULB BURNT OUT.	_____	_____
TRIM	CRACKED JAMB LEFT SIDE BEHIND DOOR INSIDE SHARED ENSUITE.	_____	_____
BEDROOM #3			
FLOORING	STRETCH CARPET	_____	_____
EXTERIOR			
NOTE:	DENT ON FRONT DOOR WHITE TRIM	_____	_____
	SECURE, HARDY BOARD AT SOFFIT, RIGHT SIDE, FRONT PORCH	_____	_____
BASEMENT			
NOTE:	SCREEN DOORS THOUGHTOUT BASEMENT NOT INSTALLED.	_____	_____
KITCHEN			
NOTE:	MISSING PLUG AT ISLAND FACING DOOR	_____	_____
CABINETS	CHIP AT UPPER RIGHT CABINET ABOVE SINK.	_____	_____
	SCUFF ON UPPER CORNER FILLER LEFT OF SINK AND INSIDE CABINET BELOW AT CROWN	_____	_____
	ADJUST CABINET ABOVE MICROWAVE CUT OUT.	_____	_____
	SCUFF ON CANOPY RIGHT SIDE	_____	_____

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.

Smita Dange

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)

2023/11/07

November 07, 2023