

Enrollment:
Purchaser Name: Christos Jack Davidson Zagotsis

Phone Res:
Phone Bus: (905) 399-5058
Closing Date: July 17, 2024
Inspector: Gisella Fiore



Vendor / Builder:
Project: Zancor Oakville Ltd.
Lot / Phase: 806 / 1
Plan:
Address: 2450 Old Bronte Road, Suite 806
Municipality:
Inspection Date: May 21, 2024

Page 1 of 2

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

KITCHEN

CABINETS	DENT ON FRIDGE GABLE RIGHT SIDE AND UPPER CABINET ABOVE	_____	_____
	SCUFF ON FRIDGE AND FREEZER PANEL	_____	_____
	SCRATCH ON UPPER LEFT CABINET ABOVE HOOD FAN AND BOTTOM RIGHT CABINET RIGHT OF HOOD FAN DENTED. 2) CHIP AT UPPER SHELF ABOVE SINK	_____	_____
	REPLACE BOTTOM LEFT CABINET BELOW SINK DAMAGED.	_____	_____
	UPPER BLOCKING RIGHT OF SINK NOT INSTALLED AND GABLE TO BE SECURED GAP.	_____	_____
	DW KICKPLATE NOT INSTALLED.	_____	_____
NOTE:	DISHWASHER NOT CONNECTED.	_____	_____

LIVING ROOM

FLOORING	FLOORING MOVING RIGHT OF SINK.	_____	_____
NOTE:	INSPECT VENT MAKING SQUEAKING NOISE	_____	_____

MASTER BEDROOM

WINDOWS	DAMAGE MULIN ABOVE OPERATING WINDOW.	_____	_____
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POWDER ROOM

TOILET	STAINING INSIDE TOILET.	_____	_____
NOTE:	GABLE RIGHT OF SINK MOWED AT FLOOR LINE AND KICKPLATE UNFINISHED RIGHT SIDE.	_____	_____
SINK/FAUCET/PLUMBING	TUB STOPPER MISSING AT TUB	_____	_____

FOYER/HALL

NOTE:	CLEAN LIGHT FIXTURES THROUGHOUT.	_____	_____
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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.

Christos Jack Davidson Zagotsis

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

Purchaser's Name (print)

Purchaser's Signature

Purchaser's Name (print)

Purchaser's Signature

Gisella Fiore

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

Designate's Name (print)

Designate's Signature

Inspector's Name (print)

Inspector's Signature

Date (YYYY/MM/DD)

2024/05/21

May 21, 2024