


<b>Enrollment:</b> <b>Purchaser Name:</b> Katrina Ruttan-Grainger Philip Grainger  <b>Phone Res:</b> <b>Phone Bus:</b> (705) 539-0222 <b>Closing Date:</b> January 29, 2025 <b>Inspector:</b> Gisella Fiore	 <b>Page 1 of 3</b>	<b>Vendor / Builder:</b> <b>Project:</b> Zancor Homes (Wasaga River) Ltd <b>Lot / Phase:</b> 260 / 1 <b>Plan:</b> <b>Address:</b> 167 Rosanne Circle <b>Municipality:</b> <b>Inspection Date:</b> December 19, 2024
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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:

<b>DAMAGED, INCOMPLETE OR MISSING</b> <ul style="list-style-type: none"> <li>• Windows, side lights and other glazing. Window and door screens</li> <li>• Bathtub sinks and toilets</li> <li>• Bathroom accessories if provided</li> <li>• Mirrors, counter tops and cabinetry</li> <li>• Flooring (hardwood, vinyl, ceramic tiles, carpeting)</li> <li>• Interior finished and trim carpentry</li> <li>• Furnace</li> <li>• Hot water heater, if provided (not rental)</li> <li>• Exterior finished, driveways, walkways, decks and landscaping</li> </ul>	<b>OPERATING CONDITION</b> <ul style="list-style-type: none"> <li>• Windows, interior and exterior doors. Door locks</li> <li>• Faucets: Kitchen, bathroom, laundry room</li> <li>• Exhaust fans (kitchen, bathrooms) if provided</li> <li>• Electrical outlets and fixtures</li> <li>• Gas fireplaces, incl.circulation fans, if provided</li> <li>• Heat Recovery Ventilation system, if provided</li> <li>• Heating system</li> <li>• Hot water heater, if provided (not rental)</li> <li>• Air conditioning system, if provided and if conditions permit</li> </ul>
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<b>MASTER ENSUITE BATH</b>		
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NOTE:	ADJUST SHOWER GLASS DOOR.	_____	_____
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<b>UPPER HALL</b>		
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NOTE:	AS PER HOMEOWNER REQUESTING TO HAVE ALL POT LIGHT WARM RATHER THEN BRIGHT LED	_____	_____
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<b>BEDROOM 2 ENSUITE</b>		
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NOTE:	SCRATCH INSIDE BOTTOM LEFT AND FACE CABINET AND FACE OF BOTTOM RIGHT CABINET BELOW SINK.	_____	_____
	DAMAGED GABLE LEFT SIDE OF SINK AT TOLIET PAPER HOLIDER.	_____	_____

<b>EXTERIOR</b>		
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NOTE:	REMOVE NAILS AT FLAT ROOF.	_____	_____
	ADJUST LEFT GARAGE DOOR LIGHT COMING THROUGH.	_____	_____
-	BRUSH COAT LEFT OF FRONT PORCH, MESSY	_____	_____
	POWER WASH REQUIRED MOTOR AT BRICK AND WINDOWS BASEMENT HAVE MOTAR	_____	_____
	H.O REQUEST HIM TO HAVE MOTOR REMOVED FROM WINDOWS BELOW AGT TRIM AT ALL SILLS THROUGHOUT.SEE PHOTO FOR REFERENCE	_____	_____
	DRILL HOLES IN MOTOR LEFT OF REAR WINDOW LEFT OF SLIDING DOOR	_____	_____
	INSPECT BRICK RED THROUGH OUT HOME BELOW SILLS TO BE CONFIRMED AS RED BRICK AS BE INSTALLED AND DOES NOT MATCH OTHER BRICK I	_____	_____
	INSPECTOR ALUMINUM RIGHT OF PORCH IN BETWEEN WINDOWS AT SEAM DENTED/BOWED	_____	_____

<b>BEDROOM 3 ENSUITE</b>		
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VANITY CABINETS	SCRATCH AT KICK BELOW SINK / BOTTOM LEFT CABINET AND RIGHT GABLE AT TOLIET PAPER.	_____	_____
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<b>BEDROOM 4 ENSUITE</b>		
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VANITY CABINETS	SCRATCHES ON X4 CABINET BELOW SINK	_____	_____
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**FOYER/HALL**

STAIRS	STAIN REQUIRED AT SHORT FLIGHT OF STAIRS LEFT SIDE AT MAIN TO LANDING TO 2ND FLOOR. FACING DINNING X5.	_____	_____
	CRACK ON 5TH TREAD AT STAIRS FROM MAIN TO 2ND FLOOR	_____	_____
	DAMAGED TRIM LEFT OF RISER FACING DINING REMOVE BELOW NOSING	_____	_____
	DAMAGED AT 3RD TREAD AT STAIRS FROM MAIN TO LANDING TO 2ND FLOOR	_____	_____
FLOORING	INSPECT 4TH PLANK LEFT OF STAIRS RAISED.	_____	_____
NOTE:	HOMEOWNER UNHAPPY WITH STAYING AT SHORT FLIGHT OF STAIRS	_____	_____
	BLOTCHY/ PAINT BRUSHES VISABLE- SAND AND RE STAIN.	_____	_____

**DINING ROOM**

FLOORING	X2 SCRATCH PLANK BELOW ARCHWAY AT ENTRANCE TO LIVING 4TH PLANK	_____	_____
	FROM OUTSIDE STRINGER AND 7TH PLANK CHIPPED AT EDGE/RAISED	_____	_____
	SERVICE TO CONDUCT STRING TEST BELOW ARCHWOOD ENTRANCE OF	_____	_____
	LIVING ROOM HUMP	_____	_____

**KITCHEN**

CABINETS	REPAIR AT GARBAGE DRAWER TOUCHED UP CAN SEE WHERE REPAIR	_____	_____
	COMPLETED AND AT GABLE LEFT SIDE FACING SINK	_____	_____
	SCRATCH ON BOTTOM RIGHT CABINET RIGHT OF FRIDGE	_____	_____
	ADJUST UPPER CABINET ABOVE HOODFAN.	_____	_____
	DENT ON RIGHT GABLE RIGHT OF SINK	_____	_____
	DENT ON UPPER LEFT CABINET LEFT OF HOODFAN AND TRIM AT GABLE TO BE	_____	_____
	SECURED X2 1) LEFT OF HOODFAN 1 RIGHT OF FRIDGE	_____	_____
	HOMEOWNER REQUESTING TO HAVE DRAWERS INSPECTED RIGHT OF STOVED	_____	_____
	FOR WHITE FILM AT EDGES. 2) CHIP AT FIRST DRAWER RIGHT OF STOVE.	_____	_____
	BOTTOM RIGHT CABINET RIGHT OF BANK OF DRAWER SCRATCHED AND	_____	_____
	BELOW SINK RIGHT DOOR.	_____	_____
	SCRATCH AT BOTTOM LEFT CORNER FILLER LEFT OF SINK 2) SCRATCH AT	_____	_____
	BOTTOM RIGHT CABINET LEFT OF STOVE.	_____	_____
	X2 CABINET BELOW SINK AT BASE NOT STAINED.	_____	_____

**BASEMENT**

NOTE:	BASEMENT WINDOW SCREENS NOT INSTALLED	_____	_____
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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.

Katrina Ruttan-Grainger

A handwritten signature in black ink, appearing to be "KR" followed by a stylized flourish.

Purchaser's Name (print)

Purchaser's Signature

Philip Grainger

Purchaser's Name (print)

Purchaser's Signature

Designate's Name (print)

Designate's Signature

Gisella Fiore

Inspector's Name (print)

Inspector's Signature

Date (YYYY/MM/DD)

2024/12/19

December 19, 2024