

Enrollment: 410
Purchaser Name: STEPHEN JAMES A MCKENZIE
CHRISTINA ELIZABETH MCKENZIE
Phone Res: (416) 545-7757
Phone Bus: (647) 929-8053
Closing Date: July 09, 2025
Inspector: Gisella Fiore



Vendor / Builder:
Project: Zancor Homes (King Cort) Ltd.
Lot / Phase: 410 / 1
Plan:
Address: 2075 King Road, Unit 410
Municipality:
Inspection Date: July 02, 2025

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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

MAIN BATHROOM

NOTE: TOILET PAPER HOLDER / TOWEL RACK MAIN BATHROOM, TOILET PAPER HOLDER LOCATION _____
FOR GREEN TAPE. TOWEL RACK, CLOSE TO TUB.(HEIGHT/LOCATION CAN VARY) ONLY _____
INSTALL TOLIET PAPER HOLDER ON CABINET IN MASTER. DO NOT INSTALL TOWEL RACK _____
CEILING VENT COVER NOT INSTALLED. _____
ADJUST SINK STOPPER NOT HOLDING WATER _____
REMOVE SCUFF ON EDGE OF TUB AND INSIDE _____
SECURE FAUCET AT WALL RIGHT SIDE NOT FLUSH WITH TILE _____

Note

- CHIP INSIDE LAUNDRY CLOSET FIRST TILE LEFT SIDE AT T MOLD _____

KITCHEN

- CHIPS ON LETHBRIDGE GABLE ROUGH CUT/WATER DAMAGE AT BOTTOM, GABLE FLOOR LINE _____
CHIP ON FREEZER / FRIDGE PANEL _____
SCRATCH ON UPPER LEFT CABINET RIGHT OF FRIDGE 2) CHIP ON UPPER RIGHT CABINET LEFT _____
OF MICROWAVE 3) INSPECT UPPER RIGHT CABINET ABOVE SINK LEFT SIDE SCUFF ON SIDE OF _____
DOOR. . _____
SAW CUT AT BACKSPLASH OUTLET LEFT OF SINK _____
INSPECT FRIDGE AT INTERIOR GABLE LOOKS UNLEVEL 2) ADJUST BANK OF DRAWERS _____

LIVING ROOM

- REPLACE HVAC DOOR BWED _____

MASTER ENSUITE BATH

- T MOLD NOT INSTALLED AT ENTRANCE TO MASTER _____
INSPECT TILE AT HANDHELD IN SHOWER X4 NOT STRAIGHT. _____
REPLACE HRV DOOR AND CEILING DAMAGE _____

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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.

STEPHEN JAMES A MCKENZIE

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

Purchaser's Name (print)

Purchaser's Signature

CHRISTINA ELIZABETH MCKENZIE

Purchaser's Name (print)

Purchaser's Signature

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

Designate's Name (print)

Designate's Signature

Gisella Fiore

Inspector's Name (print)

Inspector's Signature

Date (YYYY/MM/DD)

2025/07/02

July 02, 2025