POT LITH LOTH



PDI Page 1 of 1

III TARION

Vendor/Builder#

Purchaser Name :

William Sage and Ping Guo (705) 436-4119

Phone Res: Phone Bus:

Closing Date: 2013-09-19 Bruno Tidd Inspector:

Enrollment# Legal Address: Project:

Plan #: Lot / Phase #:

Municiaplity:

DLS[19] Pratt Hansen Group

104 / ESV 2

Inspection Date: 19 Sep 2013

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

- Hot water heater, if provided (not rental)
 Exterior finished, driveways, walkways, decks and landscaping Also list here anything that can't be assessed because for example is dirty or inaccessible.

OPERATING CONDITION

Windows, interior and exterior doors including garage overhead doors, door locks

- Faucets: Kitchen, bathroom, laundry room
 Exhaust fans (kitchen, bathrooms) if provided
 Electrical outlets and fixtures

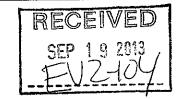
- · Gas fireplaces, incl.circulation fans, if provided · Heat Recovery Ventilation system, if provided

- Heating system
 Hot water heater, if provided (not rental)
- · Air conditioning system, if provided and if conditions permit

| GENERAL COMMENTS | | | | |
|---|---|--|-------------|-------------|
| INSPECTION START TIME | INSPECTION STARTED AT 10:00 A.M TOUCH UPS REQUIRED THROÙGH OUT | - | | |
| NOTE: | ELECTRICAL PANEL NOT LABLED | | | |
| NEW TELEPHONE NUMBER | 705-791-8381 CELL | | | |
| MASTER BEDROOM | | | | |
| ELECTRICAL/LIGHTING | COVER PLATE NOT FLUSH TO LEFT O | F CLOSET | | |
| UPPER HALL | | | | |
| FLOORING | TRIM UNDER TOP BULLNOSING NEEDS | TO BE DAPPED. | | |
| MAIN BATHROOM | | | | |
| WALLS | PAINT COLOUR SHOULD BE GREEN. F | AINTED YELLOW | | |
| SINK | LOOSE NOT ATTACHED. | | | |
| ELECTRICAL/LIGHTING | FAN NOT WORKING. | | | |
| STAIRS | | | | |
| RAILING | UNFINISHED | | | <u></u> |
| FOYER/HALL | | | | |
| WALLS | PAINT OVER HEXAGON WINDOW THIN | | | |
| TRIM | 1/4 ROUND LOOSE ON LEFT SIDE OF | HALL. | | |
| KITCHEN | | | | |
| NOTE: | GAS LINE FOR STOVE NOT INSTALLE | D D | | |
| POWDER ROOM | | | | |
| SINK/FAUCET/PLUMBING | SINK IS LOOSE NOT SECURED | | | |
| FLOORING | CERAMIC CHIPPED ON LEFT SIDE OF BETWEEN TRIM AND FLORRING TO RI | | | |
| FINISHED BASEMENT | | | | |
| NOTE: | TRIM NOT INSTALLED IN FINISHED WANTS ASSURANCE THAT WIRE HAS I FUTURE A/C. DOOR TO AREA UNDER HOLE OVER CLEAN OUT SHOULD BE COVERING ELECTRICAL PANEL TO BE HANDLES. BASEMENT WASHROOM SINK WASHROOM HITS GLASS ON SHOWER. GLASS DOOR ON SHOWER TIGHT TO AROUND TOP OF THE SHOWER WHERE | SEEN INSTALLED FOR STAIRS NOT INSTALLED. COVERED. TRIM RIGHT WIT. CUPBOARD DOORS E CLIPPED WITH NOT FASTENED. DOOR TO DOOR STOPPER REQUIRED. CLOSE.CAULKING REQUIRED | | |
| EXTERIOR | | | | |
| GARAGE DOORS | TEMPORARY DOOR TO BE REPLACED. EXTERIOR PAINT AND TRIM TO BE COMPLETED. SHINGLES, FLASHING. EAVESTROUGHS AND DOWNSPOUTS TO BE INSTALLED. GRADING SODDING AND DRIVEWAY PAVING TO BE COMPLETED. | | | |
| POSSESSION IT WILL BE US * Purchasers or owners who int authorizing the designate to sign | | RANTY REQUESTS | | |
| Builder Representative Designate's Name(please print) | Purc —— Desi | gnate's Signature | | |
| 4 | li repair work listed has been completed | | | |
| i ' | | | | |

Purchaser

31001-PDIF-01.01



Date

CERTIFICATE OF COMPLETION AND POSSESSION/ WARRANTY CERTIFICATE

| II JAKIUN | | (FOR FREEHOLD AND CONDOMINIUM UNITS) | | | | |
|---|---|--|--|--|--|--|
| HE VENDOR SHALL: . Complete this form with consequences for the V. Deliver a signed copy of | accurate information, including the final purchase price. (Failure to do so may have ad /endor's licence); and of this document to the homeowner on or before the Pre-Delivery Inspection date. | verse 1896354 COMMON ELEMENT. NO. (If applicable) | | | | |
| /ENDOR'S NAME: | H. HANSEN DEVELOPMENT INC. | VENDOR REF. NO 40640 | | | | |
| VENDOR'S ADDRESS: | | | | | | |
| BUILDER'S NAME:(If different from Vendor) | | BUILDER REF. NO.: | | | | |
| BUILDER'S ADDRESS: | | | | | | |
| HOME ADDRESS (Piez | se correct as required): | : | | | | |
| 104 | Sydenham Wells | | | | | |
| NUMBER | STREET NAME | CONDO SUITE NO. (If applicable) | | | | |
| BARRIE | | | | | | |
| CITY/TOWN | POSTAL CODE | | | | | |
| LEGAL DESCRIPTION | (Pleaso correct as required): | City | | | | |
| 104 | 51M-983 | Barrie, City | | | | |
| LOT OR UNIT/LEVEL | PLAN BLOCK CONCES | SION LOCAL MUNICIPALITY (Where building permit was issued) | | | | |
| FINAL PURCHASE PRICE: (As per the purchase agreement or construction contract and including upgrades and extras, but excluding HST) \$ 276,945.00 | | | | | | |
| REGISTERED OWNER | R(S) (Please print names as shown or to be shown on the Transfer/Deed of Land): | | | | | |
| | am Sage & Ping Guo | | | | | |
| EMAIL: (Taxion and the Vendor will use this email address to send important information regarding the warranty.) | | | | | | |
| Tarion Warranty Corporation 5160 Young Street, 12th Floor | | | | | | |

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Toronto, ON M2N 6L9

Go to www.tanon.com to (i) access your Homeowner Information Peckage - a guide to your new home warranty; and (ii) register for MyRome - Tarion's online service for homeowne Warranty Information ENROLMENT NO .: 1896354 VENDOR/BUILDER REF. NO.: 40640 WARRANTY START DATE: Aug/19/2013 HOME ADDRESS: 104 Sydenham Wells BARRIE

VENDOR/BUILDER AFTER

The Vendor confirms that (i) the home is completed for possession; and (ii) the section 13 warranties under the Ontario New Home Warranties Plan Act apply to the home commencing on the Warranty Start Date (Date of Possession) noted above. Unfinished work and/or surface defects in work and materials (not accepted by the owner(s)) are set out in the accompanying Pre-Delivery Inspection Form.

The Vendor hereby confirms the accuracy of the information noted in this document DATE AUTHORIZED SIGNATORY