STATUTORY WARRANTY FORM

TARION
PROTECTING ONTARIO'S NEW HOME BUYERS

Year-End Form

TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM IN THE FINAL 30 DAYS OF THE FIRST YEAR OF POSSESSION OF YOUR HOME.

YOU MAY SUBMIT ONLY ONE YEAR-END FORM.

Submit this Form to Tarion Customer Centre, located at 5150 Yonge Street, Concourse Level, Toronto, Ontario M2N 6L8, in person, by mail or courier, or by fax to 1-877-664-9710. See your *Homeowner Information Package* for details about submitting this Form. Send a copy of the completed Form to your Builder and keep a copy for yourself. Please print all information.

Home Identification Information (Refer to your Certificate of Completion and Possession to complete this box.)

20101041 28	34234	1663581
Date of Possession (YYYY/MM/DD)	Vendor/Builder #	Enrolment #

Civic Address (address of your home under warranty):

39	COULTER STREET UNIT 26	
Street Number	Street Name	Condo Suite # (if applicable)

BARRIE ONTARIO	L4N6L9		
City/Town	Postal Code	Lot #	Project/Subdivision Name

Contact Information of Homeowner(s):

BETTE DI DOMENICO BRUNO DI DOMENICO	
Homeowner's Name	Homeowner's Name (if applicable)
(705) 252-7115	( ) -
Daytime Phone Number	Daytime Phone Number
( ) -	( ) -
Evening Phone Number	Evening Phone Number
(705) 627-1750 (CELL)	( ) -
Fax Number	Fax Number
BETTE1939@ROGERS.COM	
Email Address	Email Address
☐ Check this box if you are not the original registered homeowner.	☐ Check this box if you are not the original registered homeowner.

Mailing Address for Correspondence to Homeowner (if different from Civic Address above)

Street Number	Street Name	Condo Suite # (if applicable)
City/Town	Province	Postal Code

Enrolment # 1663581

You may submit only one Year-End Form, so be sure it is complete.

Tarion will only accept and act on the first Year-End Form that has been properly submitted on time.

Outstanding Items

List all outstanding items covered by the statutory warranty in the table below. If you are reporting a Special Seasonal Item, please also check the box below. If you require more space, please make copies of this page, number them and attach them to this Statutory Warranty Form.

☐ ***Check this box to report an outstanding Special Seasonal Item such as grading, sodding, walkways or paving. Please also provided details below.***

Item #	Room/Location	Description
1	FRONT ROOM	CRACK IN WALLS
2	MAIN BATHROOM	CAULKING CRACKED OUTSIDE SHOWER
3	MAIN BATH	LOOSE BOARD ON CABINET
4	MAIN BATH	PIPES LOOSE (PLUMBING)
5	MAIN BEDROOM	CRACK UNDER WINDOW / MARK ON WALL
6	FRONT DR. LOBBY	BUBBLE ON WALL
7	2ND BATHROOM	DOOR DOES NOT WANT TO STAY OPEN / CLOSES BY ITSELF
8	2ND BEDROOM	BUBBLE ON WALL
9	LAUNDRY ROOM	MARK ON WALL
10	FRONT DOOR CLOSET	CRACK ON WALL
11	3RD BEDROOM	BY DOOR POOR FINISH ON CORNER WALL

The items specified on this Statutory Warranty Form constitute a complete list of all known warranty items which are outstanding and have not been resolved by my Builder to date.

Homeowner's Signature

Homeowner's Signature (if applicable)

2011 / 04 / 11th
Date of Signature (YYYY/MM/DD)

Remember to send a copy of this completed Form to your Builder.

Please note that you should allow your Builder's representatives or subcontractors access to your home during regular business hours, at a mutually acceptable time arranged in advance, in order to complete the necessary work. Failure to do so may jeopardize your warranty rights.

For additional information about new home warranty protection, visit our website at www.tarion.com or call us at 1-877-9TARION (1-877-982-7466).

HP LaserJet *3050*

Fax Call Report

735-6991
12-Apr-2011 10:34AM

Job	Date	Time	Type	Identification	Duration	Pages	Result
7302	12/ 4/2011	10:33:33AM	Send	7057379625	0:53	1	OK

YEAR ENDS Drywall Faxed to Newport

PRATT HANSEN GROUP INC 0021
SUNNIDALE VISTAS

YEAR END DRYWALL CERTIFICATE

To arrange an appointment for any deficiences in drywall,
please fax this certificate to:

Newport Interior Wall Systems Inc

Upon receipt of this certificate, a Service Coordinator from Newport Interior Wall Systems Inc. will contact you to arrange an appointment.
Do not send this certificate if you have no deficiencies to report.

Via Fax or Email to :
Fax 705-737-9532 / Email: newportmandc@bellnet.ca

This certificate is valid for a one time Year End visit and expires one year from date of occupancy. The Year End visit provides repairs covered under the Tarion Warranty Program.

Note: Repairs covered under the program do not include sanding or painting of the repair.

Complete all of the following information before sending to Newport:

Homeowner Name: Brenda Demelico

Unit # 24 **(as designated by Pratt Hansen Group Inc)**

Municipal Street Address: 39 Quartz Street
Barrie Ontario L4N 6L9

Contact #s 1) Brenda Demelico Bertie Demelico

Excluded reports include (but are not limited to) damage caused by homeowner. Tarion recommends that damages to drywall be identified on PDI form. Damaged areas not included on the PDI form are excluded from the statutory warranty.

Any questions regarding this certificate may be directed to Newport Interior Wall Systems at 7057373111.