



Zancor Homes (Innisfil) Ltd.
Warranty Services
Phone: (705) 294-1740
Fax: (705) 294-1741

Work Order

1st

Closing Date: 10Sep18

Address: 1425 Farrow Crescent - Innisfil

Location: Belle Aire Shores - Phase: 1 - Lot: 105

Today's Date: 05Oct18

Contact(s): Joanne Racioppo - Home: (416) 560-3528
floral.aurora@longos.com

Company: AV Classic

Attention:

Telephone: (905) 760-7840

Fax: (905) 760-7838

Please Complete the following items:

Deficiency Number	Type	Issue	Appt. Date/Time	Notes
130781	Interval	Master Ensuite- remove scratch code mortar inside drain	09Oct18 /12:00	

Date Completed: _____

Homeowner Signature: _____

The Homeowner acknowledges and accepts all work has been completed in a workman like manner.

Date Completed: _____

Trade &/or Service Tech.

Signature: _____

Print Name: _____

Please schedule your Service Department to complete work on the above Lot. Should no appointment time or date appear (below) on this form, it is your responsibility to arrange and adhere to the appointment you have scheduled. Your service representative must have this form signed by homeowner on completion. Please fax the signed form to our office (905) 833-4367.

Failure to comply with this request within 10 business days will give Zancor Homes (and it's group of companies) the right to carry out any and all repairs. All costs incurred will be applied to the Company listed above.

CARTER

TUESDAY, OCTOBER 9th

8:00 - 8:30

Sent to Mace Oct 9/18

Thurs Jan 30/20



Zancor Homes (Innisfil) Ltd.
Warranty Services
Phone: (905) 738-7010
Fax: (905) 738-5948

Work Order

8 12

Closing Date: 10Sep18

Address: 1425 Farrow Crescent

Location: Innisfil, Ontario

Today's Date: 22Jan20 **Belle Aire Shores - Phase: 1 - Lot: 105**

Contact(s): Joanne Racioppo - Home: (416) 560-3528
Joe Racioppo - Cell: (647) 463-6727

Email: floral.aurora@longos.com

Company: Icon Plumbing and Heating

Attention: joseph@iconplumbingandheating.com

Telephone:

Fax:

Please Complete the following items:

DAI	Type	Issue	Appt. Date/Time	Notes
137867	Interval	Master Ensuite- Plumbing- Sink continuously drips		64600 change 14

Date Completed: _____

Homeowner Signature: _____

The Homeowner acknowledges and accepts all work
has been completed in a workman like manner.

Date Completed: _____

Trade &/or Service Tech: _____

Signature: _____

Print Name: _____

John Stefanovic 3/20

Please schedule your Service Department to complete work on the above Lot. Should no
appointment time or date appear (below) on this form, it is your responsibility to arrange and
adhere to the appointment you have scheduled. Your service representative must have this form
signed by homeowner on completion. Please fax the signed form to our office (905) 833-4367.

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