

Enrollment:
Purchaser Name: Nancy HENRIQUES BUJARSKY
Caig BUJARSKY
Phone Res: (289) 337-9016
Phone Bus: (416) 420-5743
Closing Date: January 23, 2024
Inspector: Alexandria Damianidis



Vendor / Builder:
Project: Zancor Oakville Ltd.
Lot / Phase: 832 / 1
Plan:
Address: 2450 Old Bronte Road, Suite 832
Municipality:
Inspection Date: January 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:

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

KITCHEN

CABINETS	CHIP AT UPPER GABLE, RIGHT OF MICROWAVE.	_____	_____
	CHIP AT UPPER RIGHT AND LEFT CABINET ABOVE MICROWAVE	_____	_____
	DENT ON FIRST AND THIRD BANK OF DRAWER LEFT THE STOVE	_____	_____
	SCRUFF ON UPPER RIGHT CABINET ABOVE SINK AND BELOW BOTTOM RIGHT AND LEFT	_____	_____
	CABINET SCUFFED	_____	_____
	DENT ON UPPER LEFT GABLE LEFT OF MICROWAVE INSIDE CABINET.	_____	_____
	CHIP ON DW GABLE AT LEFT CORNER AND INSIDE GABLE RIGHT AND LEFT SIDE FIL HOLES	_____	_____
NOTE:	REPLACE THE STOVE HANDLE SCRATCHED AT DOOR	_____	_____

MAIN BATHROOM

NOTE:	CEILING FAN NOT INSTALLED BOTH WASHROOM	_____	_____
	TUB STOPPER MISSING.	_____	_____
VANITY CABINETS	GABLE LEFT OF SINK NOT FLUSH WITH FLOOR LINE	_____	_____
	DENT ON BOTTOM GABLE BELOW SINK	_____	_____
	UPPER FILLER ABOVE DRAWER NOT SECURED. AND ADJUST ALL CABINET AND DOORS.	_____	_____
	INSPECT DRAWERS AT LEFT SIDE BY GABLE SCRATCHED AND DENT AT BACK PANEL AT	_____	_____
	BOTTOM DRAWER.	_____	_____

MASTER ENSUITE BATH

VANITY CABINETS	CHIP AND SCRATCH ON LOWER RIGHT AND LEFT DOOR. BELOW SINK AND TOP DRAWER.	_____	_____
	FILLER GABLE RIGHT OF SINK CRACKED. AND UPPER GABLE BELOW SINK CHIPPED AT	_____	_____
	CORNER.	_____	_____
WALLS	NAIL AT WALL TILE THROUGH GROUT X2.	_____	_____

MASTER BEDROOM

WINDOWS	DENT ON WINDOW RIGHT AT OPERATING WINDOW AND HANDLE.	_____	_____
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FOYER/HALL

NOTE:	ACCESS PANEL NOT INSTALLED INSIDE CLOSET.	_____	_____
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LIVING ROOM

WINDOWS

DENT ON MULIN RIGHT OF DOOR X2

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.

Nancy HENRIQUES BUJARSKY

A handwritten signature in blue ink, appearing to read "Nancy Bujarsky".

Purchaser's Name (print)

Purchaser's Signature

Caig BUJARSKY

Purchaser's Name (print)

Purchaser's Signature

Designate's Name (print)

Designate's Signature

Alexandria Damianidis

Inspector's Name (print)

A handwritten signature in blue ink, appearing to read "Alexandria".

Inspector's Signature

Date (YYYY/MM/DD)

2024/01/19

January 19, 2024