Enrollment:

Purchaser Name: Anita Trikha

Phone Res:

Phone Bus: (905) 580-5697 Closing Date: December 32, 1969

Inspector: Gisella Fiore Page 1 of 2

HOMES

Project: Zancor Oakville Ltd.

Lot / Phase: 107 / 1 Plan:

Address: 2450 Old Bronte Road, Suite 107

Municiaplity:

Vendor / Builder:

Inspection Date: April 23, 2024

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 ON DISHWASHER PANEL ABOVE HANDLE	 
FOYER/HALL		
STAIRS	SCRATCH ON 1,2,3,4,5,6.,7,8,9,10,11,12,13 ,14, `TO 2ND FLOOR	 
	DENT ON OUTSIDE STRINGER BY 2,3 TREAD.	 
FLOORING	SECURE T MOLD AT LANDING SECOND LANDING AND 2ND FLOOR	 
WINDOWS	INSPECT DENT AT UPPER RIGHT FIX WINDOW TRIM.	 

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ZANCOR HOMES Vendor / Builder:

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Page 2 of 2 Inspection Date: April 23, 2024

A REFERENCE FOR FUTURE WARF	RANTY REQUESTS.  o designate someone to conduct the PDI in th	E HOME'S CONDITION BEFORE THE PURCHASI			
I have inspected my new home and I agree that the description of the items listed on this form are accurate.					
Anita Trikha	#				
Purchaser's Name (print)	Purchaser's Signature	Purchaser's Name (print)	Purchaser's Signature		
		Gisella Fiore	GRL		
Designate's Name (print)	Designate's Signature	Inspector's Name (print)	Inspector's Signature		
Date (VVVV/MM/DD)	2024/04/23	April 23, 2024			