

Enrollment: 401
Purchaser Name: SANDRA M PETRUCCI,
CAROLINE TERESA PETRUCCI
Phone Res: (416) 618-4489
Phone Bus: (647) 986-5422
Closing Date: July 08, 2025
Inspector: Gisella Fiore



Vendor / Builder:
Project: Zancor Homes (King Cort) Ltd.
Lot / Phase: 401 / 1
Plan:
Address: 2075 King Road, Unit 401
Municipality:
Inspection Date: July 02, 2025

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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

| | | | |
|-------|--|-------|-------|
| NOTE: | DISHWASHER PANEL NOT INSTALLED. AND NOT CONNECTED | _____ | _____ |
| | THERMOSTAT NOT TURNING ON. | _____ | _____ |
| | SECURE ALL KICKPLATES THROUGHOUT | _____ | _____ |
| - | CHIP AT UPPER RIGHT CABINET RIGHT OF MICROWAVE/ADJUST UPPER CABINET ABOVE MICROWAVE. ADJUST UPPER CABINET LEFT OF MICROWAVE. LEFT DOOR | _____ | _____ |

MASTER BEDROOM

| | | | |
|-------|--|-------|-------|
| NOTE: | SCRATCH ON MULIN RIGHT OF OPERATING WINDOW/ABOVE | _____ | _____ |
|-------|--|-------|-------|

LIVING ROOM

| | | | |
|---|---|-------|-------|
| - | HVAC DOOR NOT INSTALLED PROPERLY MOVING | _____ | _____ |
| | HARDWOOD SHORT AT BALCONY DOOR | _____ | _____ |

MASTER ENSUITE BATH

| | | | |
|---|---|-------|-------|
| - | INSTALL TOLIET PAPER HOLDER AND TOWEL RACK BEHIND DOOR AND ON CABINET IN MASTER MAIN BATH- ON WALL RIGHT SIDE / WALL RIGHT OF TUB (CLOSER TO TUB) | _____ | _____ |
|---|---|-------|-------|

MAIN BATHROOM

| | | | |
|---|--|-------|-------|
| - | MAIN BATH DOOR TO BE ADJUSTED HITTING FLOOR. | _____ | _____ |
| | INSPECT DENT ON TUB BELOW TOE KICK RIGHT SIDE. | _____ | _____ |

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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.

SANDRA M PETRUCCI,

Purchaser's Name (print)

A handwritten signature in black ink, appearing to be "Sandra M Petrucci".

Purchaser's Signature

CAROLINE TERESA PETRUCCI

Purchaser's Name (print)

Purchaser's Signature

A handwritten signature in black ink, appearing to be "Gisella Fiore".

Designate's Name (print)

Designate's Signature

Gisella Fiore

Inspector's Name (print)

Inspector's Signature

Date (YYYY/MM/DD)

2025/07/02

July 02, 2025