STATUTORY WARRANTY FORM



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.

<u>Submit this Form to Tarion Customer Centre</u>, 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. <u>Send a copy of the completed Form to your Builder and keep a copy for yourself.</u> Please print all information.

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

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Date of Por	ssession ((YYYY/MM/DD)	Vendor/Builder#		En	roiment#	
Civic Ad	dress (address of your home un	nder warranty):				
Street Num	iber	Street Name				Condo	Suite#(if applicable)
City/Town			Postal Code	Lot#			
Contact	Inform	ation of Homeowne	er(s):			Project/Subdir	vision Name
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Fax Numb	er			Fax Numb	er		
Email Addr	ess			Email Add	ress		
	Check this box if you are not the original registered homeowner.				heck this box gistered hom	k if you are not neowner.	the original
Mailing Address for Correspondence to Homeowner (if different from Civic Address above)							
				,			
Street Num	ber	Street Name					Condo Suite#
						0	f applicable)
City/Town			Province	Pr	ostal Code		

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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)

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

Enrolment#

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 Iter	r
	such as grading, sodding, walkways or paving. Please also	
\square	provided details below.	

Item #	Room/Location	Description
1	Exterior: Exterior - General	All exterior electrical plugs would not trip when tested. Defective G.F.C.I. breaker is suggested as possible cause. Note: These circuits were tested with an approved GFCI tester Electrical Safety Code 26-714(b)
2	Exterior: Exterior Wall (N)	The basement window has been installed too low to grade or the grade has been installed too high against the foundation wall. installation window well. O.B.C. 9.15.4.3. O.B.C. 9.27.2.2. (for wood windows)
3	Exterior: Roof Level (East)	underlay shall install under shingles, not seen. 9.26.6.2
4	Exterior: Balconies (East)	Active water leak is noticed under flat roof, on porch roof.
5	Exterior: Roof Level (East)	An improper or incompatable roof vent has been installed. O.B.C. 2.2.1.1.
6	Exterior: Driveway	An additional coat of asphalt is required to be installed to the driveway surface.
7	Exterior: Roof Level (East)	Uneven shingles appears at front portion.
8	Exterior: Roof Level (North)	The plumbing stack flashing is not properly installed, the neoprene flashingis not sitting tight to the roof deck. O.B.C.9.26.1.1(1)
9	Exterior: Back yard	Through bolt hasn't installed on main beam. 9.23.6.1
10	Exterior: Roof Level (East)	Complete installation of flashing at the porch roof.
11	Exterior: Exterior - General A brush coat is required to the foundation wall to make the wall appe continuous and to patch any irregularities in the wall. O.B.C.9.15.6.2(
12	Exterior: Balconies (East)	There is a mortar crack that is in excess of 3mm. Repair is required.
13	Exterior: Garage	The garage floor slab has a crack.
14	Exterior: Exterior Wall (E)	Soffit plug not working.

The items specified on this Statutory W outstanding and have not been resolved	arranty Form constitute a complete list of all known warranty by my Builder to date.	items which are
Homeowner's Signature	Homeowner's Signature (if applicable)	
/ / Date of Signature (YYYY/MM/DD)	Remember to send a copy of the Form to your Builde	

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.

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	such as grading, sodding, walkways or paving. Please also
$\overline{}$	provided details below.

Item #	Room/Location	Description
15	Exterior: Exterior - General	The steel angle irons above door and window openings have not been painted.
16	Exterior: Balconies (East)	The flat roof is not self draining. The installation of a drainage port or scupper is required.
17	Exterior: Exterior Wall (N)	Complete installation of exterior hose bibb connection.(loose)
18	Basement: Cold Storage Room	The door to the cold storage room should be painted on both sides in order to prevent the panel from swelling.
19	Basement: Cold Storage Room	Remove all non-load bearing formwork from the cold storage room ceiling.
20	Basement: Basement staircase	There is insufficient nails installed to the joist hangers throughout the basement. O.B.C. 9.23.3.4.
21	Basement: Furnace	The furnace requires a cleaning and general servicing. There is too much dust in the fan compartment. The dust being distributed throughout the air duct system.
22	Basement: Cold Storage Room	The cold storage room door should be solid core (exterior rated) and should be effectively weather-stripped. O.B.C. 9.25.2.1.
23	Interior: Main floor kitchen	Kitchen island isn't properly installed, (moving)
24	Interior: Master Bedroom	Improper shower floor slop. water stays on floor. lack of self draining.
25	Interior: Attic/roof space	The main plumbing stacks terminate into the attic. These vents should have been connected and installed through the roof prior to the installation of asphalt roofing shingles. This detail must now be completed very carefully in order to conform to the building code regulations. day light is coming through the gaps. OBC 7.5.3.1.
26	Interior: Bedroom 2	Refit/shave the operating door to ensure proper operation.

The items specified on this Statutory outstanding and have not been resolve	e a complete list of all known warranty items which are
Homeowner's Signature	Homeowner's Signature (if applicable)
/ / Date of Signature (YYYY/MM/DD)	Remember to send a copy of this completed Form to your Builder.

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