

Form 820

for use in the Province of Ontario

This summary of information is for a REALTOR® file only, to be used as a discovery of information tool. It is suggested Members review and use other Checklist Series Forms, for extended discovery of property and other relevant information.

PROPERTY:				
SALESPERSON/BROKER/BROKER OF RECORD:				
DATE:				
CLIENT/CONSUMER NAME:				
GENERAL: (Provide Applicable ADDITIONAL COMMENTS)	YES	NO	UNKNOWN	NOT APPLICABLE
1. The has occupied from to owner/tenant Details				
2. Does any other party have an ownership or spousal interest in the property?				
3. Is the property a condominium or a freehold property that includes an interest in a common elements condominium, (POTL)? (If yes, Schedule 821 to be completed.)				
4. Does ownership of this property require membership in an Association and payment of Association fees? If yes, specify.....				
5. Is the property subject to first right of refusal, option, lease, rental agreement or other listing?				
6. Are there any encroachments, registered easements, or rights-of-way?				
7. Is there a plan of survey? Date of survey.....				
8. Are there any disputes concerning the boundaries of the property?				
9. Are you aware of any non-compliance with zoning regulations?				
10. Are you aware of any pending developments, projects or rezoning applications in the neighbourhood?				
11. Are you aware of any public projects planned for the neighbourhood? eg: road widenings, new highways, expropriations etc.				
12. Are there any restrictive covenants that run with the land?				
13. Are there any drainage restrictions?				
14. Are there any local levies or unusual taxes being charged at the present time or contemplated? If so, at what cost? Expiry date.....				
15. Has any notice, claim work order or deficiency notice affecting the property been received from any person or any public body?				

GENERAL (CONT'D): (Provide Applicable ADDITIONAL COMMENTS)	YES	NO	UNKNOWN	NOT APPLICABLE
16. a) Is the property connected to municipal water? (If not, Schedule 822 to be completed.)				
b) Is the property connected to municipal sewer? (If not, Schedule 822 to be completed.)				
17. Are there any current or pending Heritage restrictions for the property or the area?				
18. Are there any conditional sales contracts, leases, rental agreements or service contracts? eg: furnace, alarm system, hot water tank, propane tank, etc. Specify..... Are they assignable or will they be discharged?.....				
19. Are there any defects in any appliances or equipment included with the property?				
20. What is the approximate age of the building(s)? Age..... Any additions: Age.....				
21. Are you aware of any past or pending claims under the Tarion Warranty Corporation (formerly ONHWP)? Tarion Warranty Corporation/ONHWP Registration No.....				
22. Will the sale of this property be subject to HST?				

ADDITIONAL COMMENTS:

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ENVIRONMENTAL: (Provide Applicable ADDITIONAL COMMENTS)	YES	NO	UNKNOWN	NOT APPLICABLE
1. Are you aware of possible environmental problems or soil contamination of any kind on the property or in the immediate area? eg: radon gas, toxic waste, underground gasoline or fuel tanks etc.				
2. Are there any existing or proposed waste dumps, disposal sites or land fills in the immediate area??				
3. Are there any hydro generating projects planned for the immediate area? eg: Wind Turbines				

ENVIRONMENTAL (CONT'D): (Provide Applicable ADDITIONAL COMMENTS)	YES	NO	UNKNOWN	NOT APPLICABLE
4. Is the property subject to flooding?				
5. Is the property under the jurisdiction of any Conservation Authority or Commission?				
6. Are you aware of any excessive erosion, settling, slippage, sliding or other soil problems?				
7. Does the property have any abandoned or de-commissioned <input type="checkbox"/> well <input type="checkbox"/> septic system <input type="checkbox"/> swimming pool <input type="checkbox"/> foundation <input type="checkbox"/> other, specify.....				
8. a) Is there a fuel oil tank on the property? If yes, complete the following: <input type="checkbox"/> Underground. Date for required upgrading or removal..... <input type="checkbox"/> Aboveground. Age of tank..... Date of last inspection.....				
b) Does the fuel oil tank comply with the Technical Standards and Safety Authority requirements and any other requirements for fuel to be delivered?				
9. Has the use of the property ever been for the growth or manufacture of illegal substances?				

ADDITIONAL COMMENTS:

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IMPROVEMENTS AND STRUCTURAL: (Provide Applicable ADDITIONAL COMMENTS)	YES	NO	UNKNOWN	NOT APPLICABLE
1. Are you aware of any structural problems?				
2. a) Have you made any renovations, additions or improvements to the property?				
b) Was a building permit obtained?				
c) Has the final building inspection been approved or has a final occupancy permit been obtained?				
3. To the best of your knowledge have the building(s) ever contained ureaformaldehyde insulation?				
4. Is there vermiculite insulation on the property? If yes, has it been tested for asbestos?.....				

IMPROVEMENTS AND STRUCTURAL (CONT'D): (Provide Applicable ADDITIONAL COMMENTS)	YES	NO	UNKNOWN	NOT APPLICABLE
5. a) Are you aware of any deficiencies or non-compliance with the Ontario Fire Code?				
b) Is the property equipped with operational smoke detectors?				
c) Is the property equipped with operational carbon monoxide detectors?				
6. a) Is the woodstove(s)/chimney(s)/fireplace(s)/insert(s) in good working order?				
b) Has the wood energy system been WETT inspected? (Wood Energy Technology Transfer)				
7. Are you aware of any problems with the central air conditioning system?				
8. Are you aware of any problems with the heating system?				
9. a) Are you aware of any moisture and/or water problems?				
b) Are you aware of any roof leakage or unrepaired damage? Age of roof covering				
c) Are you aware of any damage due to wind, fire, flood, insects, termites, rodents, pets or wood rot?				
d) Have any repairs been carried out to correct any past or present problems related to (a), (b) and/or (c)? If yes, explain in additional comments below..				
10. a) Are you aware of any problems with the electrical system? Size of service				
b) Type of wiring: <input type="checkbox"/> copper <input type="checkbox"/> aluminium <input type="checkbox"/> knob-and-tube <input type="checkbox"/> other				
11. Are you aware of any problems with the plumbing system?				
12. Is there any lead, galvanized metal, cast iron or Kitec plumbing on the property?				
13. Are you aware of any problems with the swimming pool, sauna, hot tub, jet bathtub or lawn sprinkler system?				

ADDITIONAL COMMENTS:

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Schedule(s) attached hereto and forming part of this Checklist include: