

FORM 9
CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE
CONTRACT UNDER SECTION 32 OF THE ACT

Construction Act

THE CORPORATION OF THE CITY OF NIAGARA FALLS

(County/District/Regional Municipality/Town/City in which premises are situated)

4310 QUEEN STREET, P. O. BOX 1023, NIAGARA FALLS, ONTARIO, L2E 6X5

(street address and city, town, etc., or, if there is no street address, the location of the premises)

This is to certify that the contract for the following improvement:

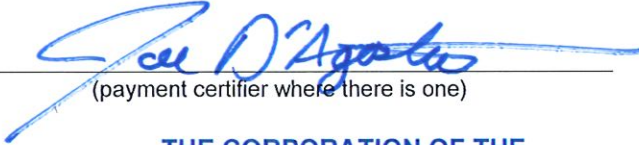
2024 SURFACE TREATMENT PROGRAM - CONTRACT # 2024-08

(short description of the improvement)

to the above premises was substantially performed on **JULY 31, 2024**

(date substantially performed)

Date certificate signed: **NOVEMBER 14, 2024**



(payment certifier where there is one)

(owner and contractor, where there is no payment certifier)

Name of owner: **THE CORPORATION OF THE
CITY OF NIAGARA FALLS**

Address for service: **4310 QUEEN STREET, P. O. BOX 1023, NIAGARA FALLS, ONTARIO, L2E 6X5**

Name of contractor: **CIRCLE P PAVING INC.**

Address for service: **1994 STEVENSVILLE RD STEVENSVILLE, ON, L0S 1S0**

Name of payment certifier (where applicable): **CITY OF NIAGARA FALLS**

Address: **4310 QUEEN STREET, P. O. BOX 1023, NIAGARA FALLS, ONTARIO, L2E 6X5**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

(if a lien attaches to the premises, a legal description of the premises,
including all property identifier numbers and addresses for the premises)

B. Office to which claim for lien must be given to preserve lien:

CITY CLERK'S OFFICE, CORPORATION OF THE CITY OF NIAGARA FALLS

(if the lien does not attach to the premises, a concise description of the premises, including addresses,
and the name and address of the person or body to whom the claim for lien must be given)