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

Construction Act

Regional Municipality of Niagara - Town of Fort Erie	
(County/District/Regional Municipality/Town/City in which premises are situated)	
Various Locations Throughout Fort Erie, Ontario	
(street address and city, town, etc., or, if there is no street address, the location of the premises)	
The state of the s	
This is to certify that the contract for the following improvement:	
2024 SIDEWALK REPAIR PROGRAM - CONTRACT NO. ISE-24T-SIDE24	
(short description of the improvement)	
to the above premises was substantially performed on	September 30, 2024
, , , , , , , , , , , , , , , , , , , ,	(date substantially performed)
Date certificate signed: November 21, 2024	
Date certificate signed.	
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(payment certifier where there is one)	(owner and contractor, where there is no payment certifier)
The Occupantion of the Tourn of	<i>Y</i> .
The Corporation of the Town of Name of owner: Fort Erie	
Address for service: 1 Municipal Centre Drive, Fort Erie, Ontario, L2A 2S6	
Name of contractor: Sacco Construction Ltd.	
Address for service: 4530 Drummond Road, Niagara Falls, Ontario, L2E 6C7	
Wes Foebel - Supervisor, Name of payment certifier (where applicable): Construction Projects	
Traine of paymon continor (whore applicable).	
Address: The Corporation of the Town of Fort Erie, 1 Municipal Centre Drive, Fort Erie, Ontario, L2A 2S6	
(Use A or B, whichever is appropriate)	
 A. Identification of premises for preservation o 	f 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:	
The Corporation of the Town of Fort Erie, 1 Municipal Centre Drive, Fort Erie, Ontario, L2A 2S6	
(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)	