



**Bold Engineering Inc.**  
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November 25<sup>th</sup>, 2024

The Regional Municipality of Halton -  
Woodlands Operation Centre,  
1179 Bronte Road,  
Oakville ON L6M 4G3

Attention: Shaishta Afroze

**RE: CERTIFICATE OF SUBSTANTIAL PERFORMANCE**  
Woodlands Operation Center Roof Replacement:

**Ref:** T-683-24  
B23-415.17

Please find enclosed the "Certificate of Substantial Performance" for the above noted project.

We trust this is the information you require at this time; however, if you have any questions or concerns, please do not hesitate to contact our office.

Yours truly,  
**Bold Engineering Inc.**

A handwritten signature in black ink, appearing to read 'Carter Shieck', with a stylized flourish at the end.

Carter Shieck, B.Eng., LEED GA  
Building Science Project Manager  
**Email:** [cshieck@boldengineer.ca](mailto:cshieck@boldengineer.ca)

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

*Construction Act*

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

\_\_\_\_\_  
(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:

\_\_\_\_\_  
(short description of the improvement)

to the above premises was substantially performed on \_\_\_\_\_ .  
(date substantially performed)

Date certificate signed: \_\_\_\_\_

\_\_\_\_\_  
(payment certifier where there is one - signature required)

\_\_\_\_\_  
(owner and contractor, where there is no payment certifier -  
signatures required)

Name of owner: \_\_\_\_\_

Address for service: \_\_\_\_\_

Name of contractor: \_\_\_\_\_

Address for service: \_\_\_\_\_

Name of payment certifier (where applicable): \_\_\_\_\_

Address: \_\_\_\_\_

(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:

\_\_\_\_\_  
(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)