

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

Construction Act

City of Sarnia _____,
(County/District/Regional Municipality/Town/City in which premises are situated)

Bayside Bus Terminal _____,
(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:

16-2024 Bayside Terminal _____
(short description of the improvement)

to the above premises was substantially performed on December 19, 2024 .
(date substantially performed)

Date certificate signed: December 20, 2024 _____

Matthew Eagleson
(payment certifier where there is one)

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

Name of owner: The Corporation of the City of Sarnia _____

Address for service: 255 N. Christina Street, P.O. Box 3018, Sarnia, Ontario, N7T 7J2 _____

Name of contractor: DiCocco Contractors 2015 Inc _____

Address for service: 550 McGregor Road, Sarnia, Ontario N7T 7H5 _____

Name of payment certifier (where applicable): The Corporation of the City of Sarnia _____

Address: 255 N. Christina Street, P.O. Box 3018, Sarnia, Ontario, N7T 7J2 _____

(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:

Clerk's Office, Attention: Amy Burkhart, 255 N. Christina Street, Sarnia, Ontario, N7T 7N2 _____
(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)