

December 10, 2024  
Our File No.: 32673-004

**VIA: E-MAIL** [jean.gauthier@gbuilder.ca](mailto:jean.gauthier@gbuilder.ca)

Jean Gauthier  
G&S Enterprises LTD  
437 Cedar Street  
Timmins, ON P4N 2H9

Dear Jean Gauthier:

**Re: 7097- Federal PS – Washroom and Millwork Upgrades  
Certificate of Substantial Performance**

Please find enclosed a copy of the Certificate of Substantial Performance for the above noted project. Please arrange for publication in the Daily Commercial News and send proof of publication once it is received. Along with proof of publication, please forward an up to date WSIB certificate and Statutory Declaration Form.

If you have any questions or comments, please do not hesitate to contact our office.

Yours very truly,

J.L. RICHARDS & ASSOCIATES LIMITED

Prepared by:

Tauno Ranta  
Senior Architectural Designer

TR:jc

**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)