

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

Construction Act

Port Carling

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

3843 Muskoka District Road 118W, Port Carling ON, P0B1J0

(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:

Port Carling EMS

(short description of the improvement)

to the above premises was substantially performed on **February 6, 2025**

(date substantially performed)

Date certificate signed: February 7 2025

Bob MacGregor

(payment certifier where there is one)

Amy D.H.

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

Name of owner: **District of Muskoka**

Address for service: **70 Pine Street, Bracebridge, ON, P1L1N3**

Greystone Project Management

Name of contractor: **Inc.**

Address for service: **8 Crescent Road, Huntsville, ON, P1H0B3**

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:

70 Pine Street, Bracebridge, ON, P1L1N3

(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)