

Contractor:	Complete Energy Solutions Ltd. 4444 Eastgate Parkway Unit#8, Mississauga, ON L4W 4T6
Attention:	Ms. Carol Yu
Contact Information:	Carol@completees.ca
Project:	Dehumidifier Replacement at PSCC# 900 & PSCC# 837
Location:	Shared Facilities at 223 & 225 Webb Drive, Mississauga, ON L5B 0E8
Date:	February 14,2025

Dear Ms. Yu;

Enclosed please find the Certificate of Substantial Performance for the above noted project. Please provide the following information with the Submission of the Release of Holdback Invoice:

- Proof of Publication
- Current WSIB Clearance Certificate
- Statutory Declaration
- 100% completion and 10% Holdback invoices.

A Close Out meeting with Management, *Complete Energy Solutions Ltd.* and *TrinityEng* scheduled on October 17, 2024. Training on the new equipment to be provided to the site by *Complete Energy Solutions Ltd.* One hard copy and one electronic copy of the Close-out Documents will be provided to the site, by *Complete Energy Solutions Ltd.*. Close-out Documents to include:

- Installation and Operation Manuals
- Approved Shop drawings
- MOL Notice of project
- Warranty Letter(s)
- ESA Certificate
- Start-up Reports and sign off from Manufacturer
- Air Balancing Reports
- Duct Cleaning and Sanitization Reports
- Roof anchors test, Fire damper inspection and EX. fan operation reports
- Building permit
- Marked up as Built Drawings
- Fire Alarm Integration Report/Confirmation

We trust this is the information you require at this time. Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Trinity Engineering & Consulting Inc.



Moe Alazawi, Senior Engineer.

moe@trinityeng.ca 647-895-4028

Enclosed:

- Certificate of Substantial Performance (Form 9)

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)