

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

*Construction Act*

**CITY OF ST. CATHARINES; REGIONAL MUNICIPALITY OF NIAGARA**

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

**57 CARLISLE STREET, ST. CATHARINES**

(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:

**PLUMBING AND MECHANICAL CONTRACT FOR 228 UNIT APARTMENT BUILDING**

(short description of the improvement)

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

(date substantially performed)

Date certificate signed: **MAY 6, 2025**

(payment certifier where there is one)

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

Name of owner: **NICKEL DEVELOPMENTS LTD.**

Address for service: **281 ST. PAUL STREET, SUITE 205**  
**KEITHS PLUMBING & HEATING**

Name of contractor: **INC.**

Address for service: **659 PARKDALE AVENUE, NORTH, HAMILTON, ON L8H 5Z1**

Name of payment certifier (where applicable): **N/A**

Address: **N/A**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

**57 CARLISLE STREET, ST. CATHARINES, ON L2R 3M7**

(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, 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)