



Reference: 0056ZS-20

April 29, 2021

Mr. Sean Montemurro
Cabcon Contracting Ltd.
8917 Thorold Stone Road
Niagara Falls, Ontario
L2H 0V9

Dear Sean,

**Interior Swimming Pool Repairs
7 Gale Crescent
St. Catharines, Ontario**

Please find enclosed our Substantial Performance Certificate Form 9 for the Interior Swimming Pool Repairs Project completed on April 23, 2021.

Please prepare the warranty documents with the above date noted as the commencement date of all warranties.

Should you have any questions or require further information, please contact me at any time.

Yours truly,

Remy Consulting Engineers Ltd.


Bruce Cooper, C.Tech.
Project Manager

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

Construction Act

City of St. Catharines

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

7 Gale Crescent, St. Catharines, Ontario

(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:

Interior Swimming Pool Repairs

(short description of the improvement)

to the above premises was substantially performed on April 23, 2021

(date substantially performed)

Date certificate signed: April 29, 2021



(payment certifier where there is one)

**Niagara North Condominium
Corporation No. 32 c/o Cannon
Greco Management Limited**

Name of owner:

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

Address for service: 50 William Street, St. Catharines, ON L2R 5J2

Name of contractor: Cabcon Contracting Ltd.

Address for service: 8917 Thorold Stone Road, Niagara Falls, ON L2H 0V9

Name of payment certifier (where applicable): Remy Consulting Engineers Ltd.

Address: 75 Westmore Drive, 2nd Floor, Toronto, ON M9V 3Y6

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

7 Gale Crescent, St. Catharines, ON

(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)