## FORM 6

## CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE CONTRACT UNDER SECTION 32 OF THE ACT Construction Lien Act

| :  | 1  | City of North Bay                                      |  |
|--|--|--|--|
|  | (County/District or Regional Mun                                   | icipality/City or Borough of Municipality of M         | etropolitan Toronto in which premises are situate) |
| :  | P.O. Bo  | x 360, 200 McIntyre St E, Nortl                        | n Bay, ON P1B 8H8                                  |
|  | (street address a  | nd city, town, etc., or, if there is no street add     | ress, the location of the premises)                |
| This   |  | ontract for the following impro                        | ~ ·  |
| :  | Aeration Upar  | ades Wastewate   | + Treatment Plant.                                 |
|  | 1  | (Short description of the improve                      | ment)  |
| to th  | ie above premises was  | substantially performed on:                            | May 31, 2021                                       |
|  |  |  | (date substantially performed)                     |
| Date certificate signed:   |  | June 9, 2021   | Krätt  |
| :  |  |  | (payment certifier where there is one)             |
| 4  | BKP.   |  |  |
|  |  | (owner and contractor, where there is no pa            | yment certifier)                                   |
| Name of Owner:   |  | The Corporation of the City of North Bay               |  |
| Address for Service:   |  | P.O. Box 360, 200 McIntyre St E, North Bay, ON P1B 8H8 |  |
| Name of Contractor:  |  | Descon Construction Ltd                                |  |
| Address for Service:   |  | 101 Worthington St E, Suite 321, North Bay, ON P1B 1G5 |  |
| Nam  | e of Payment Certifier   | -pro-que-que-se-se-se-se-se-se-se-se-se-se-se-se-se    |  |
| · Vanorina   |  | (where applicable)                                     |  |
| Address:   |  | P.O. Box 360, 200 McIntyre St.E, North Bay, ON P18 8H8 |  |
| /L1co  | A or Publishover is or   | - nrongistal   |  |
| (Use A or B whichever is appropriate)  A Identification of premises for preservation of liens: |  |  |  |
|  |  |  |  |
| :  | (where liens att   | ach to premises, reference to lot and plan nu          | mber or instrument registration number)            |
| В  | Office to which claim for lien must be given to preserve lien:     |  |  |
| :  | City Clerk, P.O. Box 360, 200 McIntyre St E, North Bay, ON P1B 8H8 |  |  |
|  | (where liens do not attach to premises)                            |  |  |