

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

Construction Act

City of Welland

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

163 First Avenue, Welland, ON.

(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:

Seasons Welland - First Floor Demolition

(short description of the improvement)

to the above premises was substantially performed on June 25, 2021

(date substantially performed)

Date certificate signed: June 30, 2021 | 10:19 EDT

DocuSigned by:

Jim Allsup

EB9AF2C7CBB4ED...

Ramon Lopez

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

(payment certifier where there is one - signature required)

Name of owner: Seasons Retirement Communities (Welland) LP

Address for service: 1315 North Service Road East, Suite 200, Oakville, ON.

Name of contractor: Ingenuity Development Inc.

Address for service: 3800A Laird Road, Unit 1, Mississauga, ON.

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

163 First Avenue, Welland, 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)