

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

Construction Act

Scarborough

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

120 McLevin, Scarborough Ontario M1B 3E9

(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 office renovation

(short description of the improvement)

to the above premises was substantially performed on August 13th, 2021

(date substantially performed)

Date certificate signed: August 27th, 2021

(payment certifier where there is one - signature required)

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

Name of owner: Med + Medical Equipment Distribution.

Address for service: 120 McLevin, Scarborough Ontario M1B 3E9

Name of contractor: New Day Construction

Address for service: 1300 Garth Street PO Box 79035 Hamilton, Ontario L9C 5V0

Name of payment certifier (where applicable): Michael Samuels

Address: 120 McLevin, Scarborough Ontario M1B 3E9

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

120 McLevin, Scarborough Ontario M1B3E9

(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)