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

Construction Act

	Town of Midland
	(County/District/Regional Municipality/Town/City in which premises are situated)
	880 King Street, Midland, On
(\$	treet 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:
Const	ruction of New Building
MANUAL TO SAME AND	(short description of the improvement)
to the above premise	es was substantially performed on(date substantially performed)
Date certificate signe	
(payment certifier who	ere there is one - signature required) (owner and contractor where there is no payment certifier - signatures required)
Name of owner: Ba	arber & Haskill
	900 King Street, Midland, On L4R 0B8
Name of contractor:	Cowden-Woods Design Builders Ltd.
Address for service:	249 Saunders Road, Barrie, On L4N 9A3
Name of payment ce	rtifier (where applicable):
Address:	
(Use A or B, whichever i	s appropriate)
☐ A. Identifica	tion of premises for preservation of liens:
	ng Street, Midland, 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 lie	n does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)