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

Construction Act

|                                                          | (County/District/Regional Municipality/                                                                                                             | Fown/City in which premises are situated)                                         |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|                                                          | (street address and city, town, etc., or, if there                                                                                                  | is no street address, the location of the premises)                               |
| This is to c                                             | certify that the contract for the following improvem                                                                                                | nent:                                                                             |
|                                                          | (short description                                                                                                                                  | n of the improvement)                                                             |
| to the abov                                              | ve premises was substantially performed on                                                                                                          |                                                                                   |
| to the above                                             |                                                                                                                                                     | (date substantially performed)                                                    |
| Date certifi                                             | icate signed:                                                                                                                                       |                                                                                   |
|                                                          | Jely                                                                                                                                                |                                                                                   |
| (payment                                                 | certifier where there is one - signature required)                                                                                                  | (owner and contractor, where there is no payment certifier - signatures required) |
| Name of o                                                | wner:                                                                                                                                               |                                                                                   |
| Address fo                                               | or service:                                                                                                                                         |                                                                                   |
| Name of co                                               | ontractor:                                                                                                                                          |                                                                                   |
| Address for service:                                     |                                                                                                                                                     |                                                                                   |
| Name of pa                                               | ayment certifier (where applicable):                                                                                                                |                                                                                   |
| Address:                                                 |                                                                                                                                                     |                                                                                   |
| (Use A or B,                                             | whichever is appropriate)                                                                                                                           |                                                                                   |
| A. Identification of premises for preservation of liens: |                                                                                                                                                     | ns:                                                                               |
|                                                          | (if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises) |                                                                                   |
| □ B.                                                     | B. Office to which claim for lien must be given to preserve lien:                                                                                   |                                                                                   |
|                                                          | (if the lien does not attach to the premises, the name ar                                                                                           | ad address of the person or body to whom the claim for lien must be given)        |