

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

Construction Act

Town of Ajax

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

570 Westney Rd. S., Units 7/8

(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 Renovations for Dental Office

(short description of the improvement)

to the above premises was substantially performed on **April 22, 2022**

(date substantially performed)

Date certificate signed: **April 22, 2022**



(payment certifier where there is one)

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

Name of owner: **Earl Mitchel Sheild Dentistry
Corporation o/a Discovery Dental**

Address for service: **570 Westney Rd S., Units 7/8, Ajax ON L1 S 6V4**

Name of contractor: **Nigeco Construction Inc.**

Address for service: **10 Falconer Drive, unit 1, Mississauga ON L5N 3L8**

Name of payment certifier (where applicable): **CIMA+**

Address: **415 Baseline Rd W. Bowmanville, ON L1C 5MC**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

570 Westney Rd S. Units 7/8, Ajax ON L1 S 6V4

(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)