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

Construction Act

Halton Region Milton ON
(County/District/Regional Municipality/Town/City in which premises are situated)
1250 Steeles Avenue East Unit E5.2 Milton 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:
Interior Renovation
(short description of the Improvement)
to the above premises was substantially performed on March 23, 2022
(date substantially performed)
Date certificate signed: $\frac{1}{2020}$
(payment certifier where there service)
(owner and contractor, where there is no payment certifier)
Name of owner: Eleanor Welsh
Address for service: 1250 Steeles Avenue East Unit E5.2 Million ON
Name of contractor: Aaron Oziel, Oz Construction
Address for service: 1250 Steeles Avenue East Unit E5.2 Million ON
Name of payment certifier (where applicable): Not Applicable
Address:
(Use A or B, whichever is appropriate)
☐ A Identification of premises for preservation of liens:
(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 sitach to the premises, a concise description of the premises, including addresses, and the name and address of the person or body to whom the claim for tien must be given)

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Construction Act

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***************************************	(County/District/Regional Municipality/Town/City in which premises are situated)
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	(street address and city, town, etc., or, if there is no street address, the location of the premises)
This is to certify to	hat the contract for the following improvement:
Interior Renovat	ion
	(short description of the improvement)
to the above pren	nises was substantially performed on March 23, 2022
	(date substantially performed)
Date certificate si	gned:
January L	
Challin	(owner and contractor, where there is no payment certifier)
Name of owner:	Fleanor Weish
CHESTO PROGRAMMENT	
Address for service	e: 1250 Steeles Avenue East Unit E5.2 Milton ON
Name of contracto	or: Aaron Oziel, Oz Construction
Address for service	e: 1250 Steeles Avenue East Unit E5.2 Millton ON
via a sina saturatana disa	- STATE OF THE PROPERTY OF THE
Name of payment	certifier (where applicable): Not Applicable
Address:	
(Use A or B, whichev	er is appropriate)
A loenon	Cation of premises for preservation of liens: O Steeles Amenue F milton ON Linits. 2 L97 6R
-100	(if a lien attaches to the premises, a legal description of the premises.
1.0	including all property identifier numbers and addresses for the premises)
☐ B. Office	to which claim for lien must be given to preserve lien:
5.7	
	(If the lien does not attach to the promises, a concise description of the premises, including addresses,