

# CERTIFICATE OF SUBSTANTIAL PERFORMANCE

TO:

DPI Construction Management  
255 Duncan Mill Road – Suite 707  
Toronto, ON  
M3B 3H9

ATTENTION:

Maple Iordanis

PROJECT INFORMATION:

**DecisivEdge**  
15 Allstate Pkwy - Suite 301  
Markham, Ontario  
L3R 5B4

PROJECT NUMBER

22-1012

DATE OF ISSUE

30-Sep-22

This is to certify that the contract for Interior Alterations to the above premises was substantially performed in accordance to construction documents on September 30<sup>th</sup>, 2022.

Refer to "Certificate of Substantial Performance" Form 9 of Construction Lien Act as attached.

PREPARED BY BENNETT DESIGN



SIGNATURE: Jackie Cooper

CC:

Danielle Santos – BDA  
Alyssa Cavanagh - BDA



**BENNETTDESIGN**  
10 Douglas Rd. Uxbridge ON L9P 1S9  
T. 905 852 4617  
bennettdesign.ca

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

*Construction Act*

\_\_\_\_\_  
(County/District/Regional Municipality/Town/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 certify that the contract for the following improvement:

\_\_\_\_\_  
(short description of the improvement)

to the above premises was substantially performed on \_\_\_\_\_ .  
(date substantially performed)

Date certificate signed: \_\_\_\_\_

\_\_\_\_\_  
(payment certifier where there is one - signature required)

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

Name of owner: \_\_\_\_\_

Address for service: \_\_\_\_\_

Name of contractor: \_\_\_\_\_

Address for service: \_\_\_\_\_

Name of payment certifier (where 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 attach to the premises, the name and address of the person or body to whom the claim for lien must be given)