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

Construction Act

TOWNSHIP OF NORTH STORMONT
(County/District/Regional Municipality/Town/City in which premises are situated)
4 ST. POLYCARP STREET, MOOSE CREEK, ON K0C 1W0
(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:
MOOSE CREEK COMMUNITY CENTRE - STRUCTURAL WORK
(short description of the improvement)
to the above premises was substantially performed on <a href="MAY 15">MAY 15</a> , 2023  (date substantially performed)
Date certificate signed: MAY 17, 2023
The state of the s
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)
Name of owner: TOWNSHIP OF NORTH STORMONT  OpenOFESSION  O
Address for service: 15 RUE UNION STREET, P.O. BOX 99, BERWICK, ON K0C 1G0  GRANT MARION  Name of contractor: CONSTRUCTION LTD
GRANT MARION S B.D. CAMPRIS 1
Name of contractor: CONSTRUCTION LTD.
Address for service: 2747 MARLEAU AVENUE, CORNWALL, ON K6H 7B6
Name of payment certifier (where applicable): GROUP INC.
Address: 100 STROWGER BLVD, SUITE 207, BROCKVILLE, ON K6V5J9
(Use A or B, whichever is appropriate)
A. Identification of premises for preservation of liens:
TOWNSHIP OF NORTH STORMONT, 15 RUE UNION STREET, BERWICK, ON K0C 1G0
(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, a concise description of the premises, including addresses, and the name and address of the person or body to whom the claim for lien must be given)