

Igor

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

CITY OF TORONTO

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

65 FRONT ST W CRU435A TORONTO ON M5J 1E6

(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 alteration

(short description of the improvement)

to the above premises was substantially performed on MAY 9TH, 2023

(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: 1000140731 Ontario Inc.

Address for service: 65 FRONT ST W CRU435A TORONTO ON M5J 1E6

Name of contractor: ARK Group Construction Development Inc.

Address for service: 33 Ferrier Street, UNIT 6-8, Markham ON

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:

1000140731 Ontario Inc. 986A Kingston Road Toronto ON M4E 1S9

(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)

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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 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)

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

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, 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)