

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

*Construction Act*

City of North York

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

2835 Islington Avenue, North York, ON M9L 2K2

(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:

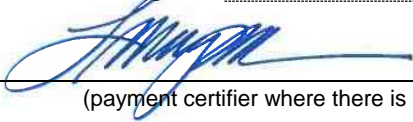
Balcony Guard Replacement

(short description of the improvement)

to the above premises was substantially performed on August 1, 2023

(date substantially performed)

Date certificate signed: September 19, 2023



(payment certifier where there is one)

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

Name of owner: York Condominium Corporation No.188 c/o Castle Condo Management

Address for service: UNIT 5-120 WOODSTREAM BLVD., WOODBRIDGE, ONT , L4L-7Z1

Name of contractor: Brook Restoration Ltd.

Address for service: 11 Kelfield St., Etobicoke, ON M9W 5A1

Name of payment certifier (where applicable): EXP Services Inc.

Address: 1595 Clark Boulevard Brampton, ON L6T 4V1

(Use A or B, whichever is appropriate)



A. Identification of premises for preservation of liens:

Management Office, 2835 Islington Avenue, North York, ON M9L 2K2

(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)