## 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 ther      | e is no street address, the location of the premises)   |
| This is to c  | ertify that the contract for the following improve     | ment:   |
|   | (short descripti                                       | on of the improvement)  |
| to the abov   | ve premises was substantially performed on             | (date substantially performed)  |
| Date certifi  | icate signed:  |   |
|   |  | Silvia Fico   |
| (payment  | certifier where there is one - signature required)     | (owner and contractor, where there is no payment certifier - signatures required)             |
| Name of ov  | wner:  |   |
| Address fo  | r service:   |   |
| Name of co  | ontractor:   |   |
| Address fo  | r service:   |   |
| Name of pa  | ayment certifier (where applicable):                   |   |
| Address:  |  |   |
| (Use A or B,  | whichever is appropriate)                              |   |
| A. Identification of premises for preservation of liens:          |  | ens:  |
|   |  | premises, a legal description of the premises, tifier numbers and addresses for the premises) |
| B. Office to which claim for lien must be given to preserve lien: |  | 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)                   |