

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

*Construction Act*

**OAKVILLE**

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

**2430 OLD BRONTE ROAD, OAKVILLE, ON L6M 4J2**

(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:

**SUPPLY AND INSTALLATION OF ELEVATOR EQUIPMENT**

(short description of the improvement)

to the above premises was substantially performed on **JUNE 1, 2023**

(date substantially performed)

Date certificate signed: **November 1, 2023**



**National Elevator Consulting Limited**

(payment certifier where there is one)

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

Name of owner: **BRIXEN DELOPMENTS (OLD  
BRONTE) INC.**

Address for service: **3800 STEELES AVENUE W., SUITE 103W, WOODBRIDGE, ON L4L 4G9**

**TK ELEVATOR (CANADA)**

Name of contractor: **LIMITED**

Address for service: **2075 KENNEDY ROAD, TORONTO, ON**

**NATIONAL ELEVATOR**

Name of payment certifier (where applicable): **CONSULTING LIMITED**

Address: **1315 LAWRENCE AVENUE E., # 310, NORTH YORK, ON M3A 3R3**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

**2430 OLD BRONTE ROAD, OAKVILLE, ON L6M 4J2**

(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)