

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

*Construction Act*

**NIAGARA REGION**

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

**20 LANSDOWNE ST, CITY OF THOROLD**

(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:

**GEORGE STREET SPS UPGRADES**

(short description of the improvement)

to the above premises was substantially performed on **OCTOBER 17, 2023**

(date substantially performed)

Date certificate signed: **NOVEMBER 2, 2023**



(payment certifier where there is one)

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

Name of owner: **NIAGARA REGION**

Address for service: **1815 SIR ISAAC BROCK WAY, P.O. BOX 1042, THOROLD, ON L2V 4T7**

**H.I.R.A LTD GENERAL**

Name of contractor: **CONTRACTORS**

Address for service: **63 GAYLORD ROAD, ST THOMAS, ON N5P 3R9**

Name of payment certifier (where applicable): **BOB CRIGGER**

Address: **HATCH, 2265 UPPER MIDDLE ROAD EAST, 5TH FLOOR, OAKVILLE ON. L6H 0G5**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

**20 LANSDOWNE ST, CITY OF THOROLD, PLAN D3 UNIT 43 PT / RP59R8245 PART 1**

(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:

**NIAGARA REGION, 1815 SIR ISAAC BROCK WAY, P.O. BOX 1042 THOROLD, ON**

(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)