

**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 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 - signature required)

\_\_\_\_\_  
(owner and contractor, where there is no payment certifier -  
signatures required)

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:  
PCL 17712 SEC SST; PT LT 9 CON 4 DYMOND PT 1 TO 4 TER888 T/W PT 2 54R1279 AS IN LT174477; S/T LT172165 TEMISKAMING  
SHORES; DISTRICT OF TIMISKAMING  
(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)