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

Construction Act

	(County/District/Regional Municipa	lity/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:		
to the abov	e premises was substantially performed on	
		(date substantially performed)
Date certific	cate signed:	
4	wil bed	
(payment	certifier where there is one - signature required)	(owner and contractor, where there is no payment certifier - signatures required)
Name of ov	wner:	
Address for	r service:	
Name of co	ontractor:	
Address for	r service:	
Name of payment certifier (where applicable):		
Address:		
(Use A or B,	whichever is appropriate)	
☐ A.	Identification of premises for preservation of	liens:
(if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises)		ne premises, a legal description of the premises, entifier numbers and addresses for the premises)
□ B.	☐ B. Office to which claim for lien must be given to preserve lien:	
-	(if the lien does not attach to the premises, the nam	e and address of the person or body to whom the claim for lien must be given)

155 Harper Rd.

CON 3 E PT LOT 20

27R4647 PARTS 1 TO 3