

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

CITY OF TORONTO

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

1215 YORK MILLS, NORTH YORK, ON M3A 1Y4

(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:

LANDSCAPING

(short description of the improvement)

to the above premises was substantially performed on DEC. 13TH, 2023
(date substantially performed)

Date certificate signed: DEC. 13, 2023

(payment certifier where there is one)

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

Name of owner: RAVINE DEVELOPMENT GP INC.

Address for service: 1215 YORK MILLS

Name of contractor: ISLINGTON NURSERIES LTD

Address for service: 43 GOLDTHORNE AVE UNIT 100

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

10113-0602(LT)

(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)