

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)

40 LIGHTHOUSE ROAD, CITY OF ST. CATHARINES

(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:

PORT DALHOUSIE WWTP UPGRADES CONTRACT 1 - CONTRACT NO. 2020-T-116

(short description of the improvement)

to the above premises was substantially performed on **FEBRUARY 20, 2024**

(date substantially performed)

Date certificate signed: **FEBRUARY 23, 2024**



(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**

MAPLE REINDERS

Name of contractor: **CONSTRUCTORS LTD**

Address for service: **2660 ARGENTIA ROAD, MISSISSAUGA, ON L5N 5V4**

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:

40 LIGHTHOUSE ROAD, ST CATHARINES, ON, L2N 7P5

(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)