

April 17, 2024



Trans Power Utility Contractors Inc.
9- 400 Applewood Crescent,
Concord, ON
L4K 5V7

Attention: Vince De Gasperis

**RE: FORM 9 POWERLINE ROAD
STREET LIGHTING INSTALLATION
LIV COMMUNITIES
BRANT, ON**

Enclosed please find a certificate of substantial completion of the contract.

Could you please have this published as required by the Construction Lien Act.
Please be advised that in order to reduce the holdback on this project, the following
information must be supplied to this office:

- a) Proof of Publication from the Daily Commercial News
- b) A Statutory Declaration releasing the owner from all further claims relating to
this agreement
- c) A Clearance Certificate from the Workplace Safety & Insurance Board (WSIB)

If there are any questions, please do not hesitate to contact this office.

Sincerely,

DPM ENERGY INC.

A handwritten signature in black ink, appearing to read "Nico Iozzo".

Nico Iozzo
Project Manager



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

Construction Act

BRANT, ON

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

POWERLINE RD; WEST OF REST ACRES RD

(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:

STREETLIGHTING INSTALLATION

(short description of the improvement)

to the above premises was substantially performed on **NOVEMBER 1, 2023**

(date substantially performed)

Date certificate signed: **APRIL 17, 2024**



(payment certifier where there is one)

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

LIV COMMUNITITES

Name of owner: _____

Address for service: **1005 SKYVIEW ROAD, SUITE 301, BURLINGTON, ON, L7P 5B1**

Name of contractor: **TRANS POWER UTILITY**

CONTRACTORS INC.

Address for service: **585 APPLEWOOD CRESCENT , CONCORD, ON , L4K 5V7**

Name of payment certifier (where applicable): **DPM ENERGY INC.**

Address: **277 CITYVIEW BLVD, UNIT 7, VAUGHAN, ON, L4H 5A4**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

POWERLINE RD; WEST OF REST ACRES RD

(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, a concise description of the premises, including addresses,
and the name and address of the person or body to whom the claim for lien must be given)