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 c	ertify that the contract for the following improvement:
	(short description of the improvement)
to the abov	ve premises was substantially performed on .
	(date substantially performed)
Date certifi	cate signed:
Ke	vin Verkindt Sarah Rounding
(payment	certifier where there is one - signature required) (owner and contractor, where there is no payment certifier - signatures required)
Name of o	wner:
Address fo	r service:
Name of co	ontractor:
Address fo	r service:
Name of pa	ayment 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)
□ 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)