

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

*Construction Act*

**The Corporation of The City of St Catharines**

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

**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:

**P24-116 - 2024 Storz Fire Hydrant Port Conversions**

(short description of the improvement)

to the above premises was substantially performed on **August 30, 2024**

(date substantially performed)

Date certificate signed: **October 7, 2024,**



(payment certifier where there is one)

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

Name of owner: **The Corporation of The City of St Catharines**

Address for service: **PO Box 3012, 50 Church Street, St. Catharines, ON. L2R 7C2**

Name of contractor: **IQ Environmental Inc.**

Address for service: **524 6th Concession Road West, Millgrove, Ontario, L0R 1V0**

Name of payment certifier (where applicable): **Jim Stranges, C.E.T.**

Address: **PO Box 3012, 50 Church Street, St. Catharines, ON. L2R 7C2**

(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:

**Office of the Clerk, Corporation of the City of St. Catharines (same address as noted above)**

(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)