

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

**District of Timiskaming**

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

**121 Scott Street, New Liskeard, ON**

(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:

**Addition & Renovation Temiskaming Native Women's Support Group**

(short description of the improvement)

to the above premises was substantially performed on **September 29, 2020**  
(date substantially performed)

Date certificate signed: **September 29, 2020**



(payment certifier where there is one)

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

Name of owner: **Temiskaming Native Women's Support Group**

Address of service: **121 Scott Street, New Liskeard, ON P0J 1P0**

Name of contractor: **Venasse Building Group**

Address for service: **P.O. Box 24033 Josephine Street, North Bay, ON P1B 0A0**

Name of payment certifier (where applicable): **Mitchell Jensen Architects Inc.**

Address: **124a Main Street East North Bay, ON P1B 1A8**

*(Use A or B, whichever is appropriate)*

A. Identification of premises for preservation of liens:

**PIN 61340-0199 (LT) PRT LT 8 CON 2 DYMOND PART OF UNIT 1 D24; AND PART OF UNIT 2 D24; PT 1 PL54R5207;  
TEMISKAMING SHORES; DISTRICT OF TIMISKAMING**

*(if a lien attaches to the premises, a legal description of the premises,  
including all property identifier numbers and address for the premises)*

B. Office to which claim for lien and affidavit must be given to preserve lien:

[Click or tap here to enter text.](#)

(if the lien does not attach to premises, the name and address of the person or body to whom the claim for lien must be given)