

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)