



**BARRY BRYAN  
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# Transmittal

**To:** Morosons Construction Limited

**Address:** 103 Fairbank Avenue

Toronto ON M6E 3Y9

**Attention:** Mr. Paul Moro

**Project Name:** DPCDSB - 21 Schools - Renewal & Betterment Projects - CATEGORY 5 -  
Washroom Refresh - St. Andrew, Notre Dame SS and St. Augustine SS

**Project No.:** 18092/18092.1/18092.2

**Date:** September 24, 2020

**Your No.:**

<b>For your:</b>	<input type="checkbox"/> Approval	<b>Via:</b>	<input type="checkbox"/> Mail
	<input type="checkbox"/> Distribution		<input type="checkbox"/> Courier
	<input checked="" type="checkbox"/> Information and use		<input type="checkbox"/> By hand
	<input type="checkbox"/> Review and comment		<input type="checkbox"/> To be picked up
<b>Action taken:</b>	<input type="checkbox"/> Reviewed		<input type="checkbox"/> Fax
	<input type="checkbox"/> Reviewed as modified		<input checked="" type="checkbox"/> E-mail
	<input type="checkbox"/> Revise and resubmit		<input type="checkbox"/> Link
	<input type="checkbox"/> Not reviewed		

Qty.:	Drawing No.:	Issue No.:	Revision No.:	Description:
1	email	-	-	Certificate of Substantial Performance

**Remarks:**

Doug McLaughlin, P.Eng.

FORM 6

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

*Construction Lien Act*

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*(County/District or Regional Municipality/City or Borough of  
Municipality of Metropolitan Toronto in which premises are situate)*

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*(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:

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*(short description of the improvement)*

to the above premise was substantially performed on:

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*(date substantially performed)*

Date certificate signed: \_\_\_\_\_



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*(Signature of payment certifier where there is one)*

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

Name of owner: \_\_\_\_\_

Address for service: \_\_\_\_\_

Name of contractor: \_\_\_\_\_

Address for service: \_\_\_\_\_

Name of payment certifier: \_\_\_\_\_

*(where applicable)*

Address: \_\_\_\_\_

*(Use A or B whichever is appropriate)*

A. Identification of premises for preservation of liens:

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*(where liens attach to premises, reference to lot and plan or instrument registration number)*

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

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*(where liens do not attach to premises)*