

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

TOWN OF LAKESHORE

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

419 NOTRE DAME STREET, BELLE RIVER, ONT, NOR 1A0
(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:

2020 BELOW G WELFTRATION REMEDIATION - CLEANOUT REPLACEMENTS
(short description of the improvement)

to the above premises was substantially performed on NOVEMBER 10, 2020
(date substantially performed)

Date certificate signed: NOVEMBER 11, 2020

BLACKROCK PROJECT MANAGEMENT Mike Jones
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)

Name of owner: TOWN OF LAKESHORE

Address for service: 419 NOTRE DAME ST, BELLE RIVER, ONT, NOR 1A0

Name of contractor: PHOENIX DRAINAGE INC

Address for service: 2180 ASTOR DRIVE, OLDCASTLE, ONT, NOR 1L0

Name of payment certifier (where applicable): BLACKROCK PROJECT MANAGEMENT

Address: 266 ST. LOUIS AVE, WINDSOR, ONT, N8S 2K3

(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:

TOWN OF LAKESHORE, 419 NOTRE DAME ST, BELLE RIVER,
(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)
ONTARIO, NOR 1A0