

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

Town of New Tecumseth, County of Simcoe

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

15 Center St. S., Alliston, 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:

New Optometry Clinic Building

(short description of the improvement)

to the above premises was substantially performed on Dec 15, 2020

(date substantially performed)

Date certificate signed: Dec 15, 2020

B. Gray, P. Eng

(payment certifier where there is one - signature required)

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

Name of owner: New Tecumseth Optometry Clinic

Address for service: 15 Center St. S., Alliston, On.

Name of contractor: Hug Building Systems Inc.

Address for service: 74 Line 3 N., Oro-Medonte, On.

Name of payment certifier (where applicable): B.G.B. & Associates

Address: 74 Line 3 N., Oro-Medonte, On.

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Part of lot 17, North Side of Wellington St., Part of lot 53, East side of Center St., Registered

(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:

(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)