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

Construction Act

REGIONAL MUNICIPALITY OF NIAGARA - NIAGARA FALLS

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

6338 O'NEIL ST., NIAGARA FALLS, ON L2J 1M7

(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:

REPLACEMENT OF DUST COLLECTOR SYSTEM

(short description of the improvement)

to the above premises was substantially performed on FEBRUARY 11, 2021

(date substantially performed)

Date certificate signed: FEBRUARY 11, 2021 owner

contractor

(payment certifier where there is one - signature required)

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

Name of owner: DISTRICT SCHOOL BOARD OF NIAGARA

Address for service: 191 CARLTON ST., ST. CATHARINES, ON L2R 7P4

Name of contractor: VAN AM MECHANICAL LTD.

Address for service: 168 QUAKER ROAD, WELLAND, ON L3C 3G5

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

Pt Twp Lt 61 Stamford Designated as Part 1 on Plan 59R15968; Niagara Falls PIN 64279-0310 LT

(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:

DSBN, 191 Carlton Street, St Catharines, ON, L2R 7P4

(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)

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

Construction Act

REGIONAL MUNICIPALITY OF NIAGARA - ST. CATHARINES,

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

110 GLEN MORRIS DR, ST. CATHARINES, ON L2T 2N1,

(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:

REPLACEMENT OF DUST COLLECTOR SYSTEM

(short description of the improvement)

to the above premises was substantially performed on FEBRUARY 11, 2021.

(date substantially performed)

Date certificate signed: FEBRUARY 11, 2021 owner

contractor

(payment certifier where there is one - signature required)

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

Name of owner: DISTRICT SCHOOL BOARD OF NIAGARA

Address for service: 191 CARLTON ST., ST. CATHARINES, ON L2R 7P4

Name of contractor: VAN AM MECHANICAL LTD.

Address for service: 168 QUAKER ROAD, WELLAND, ON L3C 3G5

Name of payment certifier (where applicable):

Address:

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:
Pt RDAL btn Con 8 & Con 9 Grantham, Pt RDAL btn Lots 14 & 15 Con 8 Grantham, Pt RDAL btn Lots 14 & 15 Con 9 Grantham (closed by RO104397), Pt Lt 14 Con 9 Grantham; Pt Lt 15 Con 8 Grantham, Pt Lt 15 Con 9 Grantham being Parts 1, 2 & 3, 30R15085; subject to an easement in Gross Over Pt Lt 15 Con 8 and Pt Rd Allowance btwn Con 8 & 9 Grantham, Being Pts 1, 2 & 3 30R13663 as in NR272161; City of St. Catharines PIN 46338-0443 LT

(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:

DSBN 191 Carlton Street, St Catharines, ON, L2R 7P4

(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)