

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

*Construction Act*

**OXFORD COUNTY**

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

**410 BULLER STREET, WOODSTOCK, ON, N4S 6G9**

(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:

**410 BULLER STREET WINDOW RESTORATION & REPLACEMENT - CONTRACT 915000-2020-A**

(short description of the improvement)

to the above premises was substantially performed on **OCTOBER 23, 2020**

(date substantially performed)

Date certificate signed: **NOVEMBER 16, 2020**

  
\_\_\_\_\_

(payment certifier where there is one)

\_\_\_\_\_ (owner and contractor, where there is no payment certifier)

Name of owner: **OXFORD COUNTY**

Address for service: **21 REEVE STREET, P.O. BOX 1614, WOODSTOCK, ON, N4S 7Y3**

Name of contractor: **HERITAGE RESTORATION INC.**

Address for service: **14 PAISLEY LANE, STOUFFVILLE, ON, L4A 7X4**

Name of payment certifier (where applicable): **MELISSA ABERCROMBIE, P.Eng**

Address: **21 REEVE STREET, P.O. BOX 1614, WOODSTOCK, ON, N4S 7Y3**

(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:

**AS ABOVE**

\_\_\_\_\_  
(if the lien does not attach to the premises, a concise description of the premises, including addresses,  
and the name and address of the person or body to whom the claim for lien must be given)