

FORM 7
DECLARATION OF LAST SUPPLY UNDER SUBSECTION 31(5) OF THE ACT
Construction Act

J.C.S. CONSTRUCTION INC.

(name of supplier)

a supplier of services or materials to an improvement being made to:

3141 COUNTY RD. 18, AMHERSTBURG, ONT.

(address of premises)

declares that:

1. The following services or materials were supplied: EARTHWORK + SITE SERVICE
(description of services or materials)
2. These services or materials were supplied under a contract (or subcontract) with NIACON LIMITED
(name of payer)
dated the 15th day of DECEMBER, 2024.
3. The last supply of services or materials made by the supplier to the improvement under contract (or subcontract) was made on MAY 5, 2026.
(date of last supply)
4. No further services or materials will be supplied under the contract (or subcontract).

Declared before me at the City

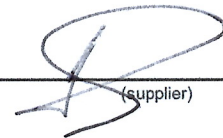
of Windsor in the County

of Essex, ON

on the 14 day of Oct, 20 26

C Prymack

A Commissioner, etc.


(supplier)

Christine Emma Prymack, a Commissioner, etc.,
Province of Ontario, for Heavy Construction
Association of Windsor.
Expires January 24, 2029.

FORM 10
CERTIFICATE OF COMPLETION OF SUBCONTRACT
UNDER SUBSECTION 33(1) OF THE ACT

Construction Act

This is to certify the completion of a subcontract for the supply of services or materials between

J.C.S. CONSTRUCTION INC. and NIACON LIMITED
(name of subcontractor)

dated the 29th day of SEPTEMBER, 2026.

The subcontract provided for the supply of the following services or materials:

EARTHWORK + SITE SERVICES

to the following improvement:

AMHERSTBURG SOUTH FIRE STATION
(short description of the improvement)

of premises at 3141 COUNTY RD. 18, AMHERSTBURG, ONT.
(street address, or if there is none, the location of the premises)

Date of certification OCT. 14, 2026

TOWN OF AMHERSTBURG

NIACON LIMITED

(payment certifier where there is one)

(owner and contractor)

Name of owner: TOWN OF AMHERSTBURG.

Address for service: 3141 COUNTY RD. 18, AMHERSTBURG, ONT.

Name of contractor: J.C.S. CONSTRUCTION INC.

Address for service: 3141 COUNTY RD. 18, AMHERSTBURG, ONT.

Name of payment certifier (where applicable): _____

Address: _____

(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 AMHERSTBURG

(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)