

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

*Construction Act*

**The Regional Municipality of Work**

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

**43 The Queensway North, Keswick Ontario, L4P 3T8**

(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:

**Keswick Adult Day Program Landscaping Renewal at Keswick Gardens, 43 The Queensway North in the Town of Georgina**

(short description of the improvement)

to the above premises was substantially performed on **2026-06-25**

(date substantially performed)

Date certificate signed: June 25, 2026

(payment certifier where there is one)

**The Regional Municipality of  
York - Housing Services,**

Name of owner: **Community and Health Services**

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

Address for service: **43 The Queensway North, Keswick Ontario, L4P 3T8**

Name of contractor: **Landco Group Inc.**

Address for service: **PO Box 791, Bolton Ontario, L7E 5T5**

Name of payment certifier (where applicable): **PLANT Architect Inc.**

Address: **Suite 500 – 317 Adelaide Street W, Toronto ON M5V 1P9**

(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:

(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)