

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

Construction Act

City of Markham

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

Abraham Strickler Park, 16 Upper Greensborough Dr, Markham, ON L6E 0R3

Avoca Park, 60 Avoca Dr, Markham, ON L3R 8X9

Berczy Park North, 447 The Bridle Walk, Markham, ON L6C 2X1

Chelsea Park, 37, Chestertown Square, Markham, ON L6C 2R7

James Cochrane Park, 429 Cornell Rouge Blvd, Markham, ON L6B 0T9

Lincoln Park, 171 Manhattan Dr, Unionville, ON L3P 7K8

Lindsay Bolger Park, 183 Harbord St, Markham, ON L6C 0S8

Marion Maynard Robinson Park, 26 Berkshire Cres, Markham, ON L6C 1K4

Nordlingen Park, 70 Stonebridge Dr, Markham, ON L6C 2S8

Pat Wheeler Park, 105 Lawrence Pilkington Ave, Markham, ON L6B 0Z2

(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:

169-T-25 AODA PLAYGROUND REFURBISHMENTS GROUP B

(short description of the improvement)

to the above premises was substantially performed on **August 21, 2026**

(date substantially performed)

Date certificate signed: **August 21, 2026**



(payment certifier where there is one)

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

Name of owner: **City of Markham**

Address for service: **101 Town Centre Blvd, Markham, ON L3R 9W3**

Name of contractor: **Gray's Landscaping & Snow
Removal**

Address for service: **708 Front Rd, Pickering, ON L1W 1P2**

Name of payment certifier (where applicable): **Zori Petrova, Principal
SERDIKA CONSULTING INC.**

Address: **1650 Elgin Mills Road East, Unit #309, Richmond Hill, ON L4S 0B2**

(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:

**CLERKS DEPARTMENT, THE CORPORATION OF THE CITY OF MARKHAM, 101 TOWN CENTRE
BOULEVARD, MARKHAM, ON L3R 9W3**

(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)