

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

*Construction Act*

**Sarnia, Ontario**

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

**City of Sarnia and County of Lambton**

(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:

**County of Lambton - 2024-127 Unit Interior Renovations Unit 303 125 Euphemia, Sarnia, Ontario**

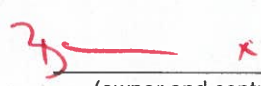
(short description of the improvement)

to the above premises was substantially performed on **November 04, 2024**

(date substantially performed)

Date certificate signed: **Jan 15, 2025**

\_\_\_\_\_ (payment certifier where there is one)

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

Name of owner: **County of Lambton**

Address for service: **789 Broadway Street, Box 3000, Wyoming ON N0N 1T0**

Name of contractor: **Living Stone Painting Inc.**

Address for service: **78 Adventure Crescent, Maple, ON L6A 2Z8**

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:

**789 Broadway Street, Box 3000, Wyoming ON N0N 1T0**

(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)

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This is to certify that the contract for the following improvement:

**County of Lambton - 2024-127 Unit Interior Renovations Unit 404, 125 Euphemia, Sarnia, Ontario**

(short description of the improvement)

to the above premises was substantially performed on **November 04, 2024**

(date substantially performed)

Date certificate signed: **Jan 15, 2025**

(payment certifier where there is one)

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

Name of owner: **County of Lambton**

Address for service: **789 Broadway Street, Box 3000, Wyoming ON N0N 1T0**

Name of contractor: **Living Stone Painting Inc.**

Address for service: **78 Adventure Crescent, Maple, ON L6A 2Z8**

Name of payment certifier (where applicable): \_\_\_\_\_

Address: \_\_\_\_\_

(Use A or B, whichever is appropriate)

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This is to certify that the contract for the following improvement:

**County of Lambton - 2024-127 Unit Interior Renovations Unit 607, 125 Euphemia, Sarnia, Ontario**

(short description of the improvement)

to the above premises was substantially performed on **November 04, 2024**

(date substantially performed)

Date certificate signed: **Jan 15, 2025**

(payment certifier where there is one)



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

Name of owner: **County of Lambton**

Address for service: **789 Broadway Street, Box 3000, Wyoming ON N0N 1T0**

Name of contractor: **Living Stone Painting Inc.**

Address for service: **78 Adventure Crescent, Maple, ON L6A 2Z8**

Name of payment certifier (where applicable): \_\_\_\_\_

Address: \_\_\_\_\_

(Use A or B, whichever is appropriate)

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including all property identifier numbers and addresses for the premises)

B. Office to which claim for lien must be given to preserve lien:

**789 Broadway Street, Box 3000, Wyoming ON N0N 1T0**

(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)