

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

Construction Act

COUNTY OF DUFFERIN, Town of Shelburne

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

407 Owen Sound Street, Shelburne, ON

(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:

New Building for Dental Office - Shelburne Family Dental

(short description of the improvement)

to the above premises was substantially performed on **November 28, 2025**

(date substantially performed)

Date certificate signed: **December 2, 2025**

(payment certifier where there is one)

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

Name of owner: Shelburne Family Dental - Dr. Dino DiSanto

Address for service: 407 Owen Sound Street, Shelburne, ON L9V 2W9

Name of contractor: The Jesslin Group

Address for service: 200 Cochrane Drive, Units 1-2, Markham, ON L3R 8E7

Name of payment certifier (where applicable): **D+H Architects Inc.**

Address: **45 Mill Street, Orangeville, ON L9W 2M4**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

All of Lots 5 and 6 and Part of 7, Block 28

(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)