

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

Construction Act

City of Hamilton

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

50 Charlton Avenue East, Hamilton, ON L8N 4A6

(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:

St. Joseph's Healthcare Hamilton - Fracture Clinic Relocation

(short description of the improvement)

to the above premises was substantially performed on February 4, 2020

(date substantially performed)

Date certificate signed: _____

(payment certifier where there is one - signature required)



Dylan Addis
Ira McDonald Construction Ltd.



Matt Coulter
St. Joseph's Healthcare Hamilton

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

Name of owner: St. Joseph's Healthcare Hamilton

Address for service: 50 Charlton Avenue East, Hamilton, ON L8N 4A6

Name of contractor: Ira McDonald Construction Ltd.

Address for service: 67 Frid Street Unit 16, Hamilton, Ontario L8P 4M3

Name of payment certifier (where applicable): NA

Address: _____

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

St. Joseph's Healthcare Hamilton Fracture Clinic - 50 Charlton Ave. E, Hamilton, ON L8N4A6

(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)