

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

Hamilton Wentworth

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

City of Hamilton

(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:

Hamilton Health Sciences – JHCC – 2021 (2022) Repair Program


(short description of the improvement)

to the above premises was substantially performed on:

November 10, 2022

(date substantially performed)

Date certificate signed:
November 10, 2022



(payment certifier where there is one)

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

Name of Owner: Hamilton Health Sciences

Address for Service: 711 Concession Street, Hamilton, ON L8V 5C2

Name of Contractor: Ira McDonald Construction

Address for Service: 67 Frid Street, Unit 16, Hamilton, ON L8P 4M3

Name of Payment Certifier: Atkinson Engineering Inc.

Address: 786 King Street East, Hamilton, ON, L8M 1A6

(Use A or B, whichever is appropriate)

A Identification of premises for preservation of liens:

Hamilton Health Sciences

(if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises)

B

(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)