

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)

1200 Main Street West, Hamilton 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:

MUMC Eating Disorder Clinic Renovation

(short description of the improvement)

to the above premises was substantially performed on **July 14, 2023**

(date substantially performed)

Date certificate signed: **July 18th, 2023**



(payment certifier where there is one)

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

Name of owner: **Hamilton Health Sciences**

Address for service: **1200 Main Street West, Hamilton ON L8N 1H4**

Name of contractor: **Ira McDonald Construction**

Address for service: **Unit 16 - 67 Frid Street, Hamilton ON L8P 4M3**

Name of payment certifier (where applicable): **Chu Architects Inc.**

Address: **484 Markham Street, Toronto ON M6G2L3**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

HHS MUMC Eating Disorder Clinic Renovation

(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, 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)