

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 St W, Hamilton, ON L8N 3Z5

.....
(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 Data Closet Expansion - McMaster University Medical Centre

.....
(short description of the improvement)

to the above premises was substantially performed on September 18, 2023

.....
(date substantially performed)

Date certificate signed: September 18, 2023

Keith Seguin, Seguin Engineering Inc. *Keith Seguin*

.....
(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 St., Hamilton ON

Name of contractor: Ira McDonald Construction Limited

Address for service: 67 Frid St, Hamilton, ON L8P 4M3

Name of payment certifier (where applicable): Seguin Engineering Inc.

Address: 12 Argyle St. N., Caledonia, ON N3W 1B6

(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:

1280 Main St W, Hamilton, ON L8S 4L8

.....
(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)