

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

Construction Act

City of Thunder Bay

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

980 Oliver Road, Thunder Bay, 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:


Hemodialysis E-Pod Expansion-Interior Renovation, Project 2023-02

(short description of the improvement)

to the above premises was substantially performed on **November 01, 2024**

(date substantially performed)

Date certificate signed: **November 1, 2024**



(payment certifier where there is one)

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

Name of owner: **Thunder Bay Regional Health Sciences Centre**

Address for service: **980 Oliver Road, Thunder Bay, Ontario P7B 6V4**

Name of contractor: **Tom Jones Corporation**

Address for service: **560 Squire Place, Thunder Bay, Ontario P7B 6V1**

Name of payment certifier (where applicable): **C. Stechyshyn Architect Inc.**

Address: **12 St Paul Street, Thunder Bay, Ontario P7A 4S5**

(Use A or B, whichever is appropriate)



A. Identification of premises for preservation of liens:

Thunder Bay Regional Health Sciences Centre, 980 Oliver Road, Thunder Bay P7B 6V4

(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)