

FORM 10
CERTIFICATE OF COMPLETION OF SUBCONTRACT
UNDER SUBSECTION 33(1) OF THE ACT

Construction Act

This is to certify the completion of a subcontract for the supply of services or materials between

Marcon Demolition & Environmental Services Inc. and **D. Grant Construction Ltd.**
(name of subcontractor)

dated the **1st** day of **May**, 20 **24**.

The subcontract provided for the supply of the following services or materials:

Demolition and Abatement

to the following improvement:

Construction Of 160-Bed Long-Term Care Home
(short description of the improvement)

of premises at **25 Maple Lane, Tillsonburg, ON N4G 2Y8**
(street address, or if there is none, the location of the premises)

Date of certification **November 12, 2024**


(payment certifier where there is one) (owner and contractor)

Name of owner: **Tillsonburg LTC Inc.**

Address for service: **735 Bridge Street West, Waterloo, ON N2V 2H1**

Name of contractor: **D. Grant Construction Ltd.**

Address for service: **9887 Longwoods Road, London, ON N6P 1P2**

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

Address: **279 King Street West, Suite 200, Kitchener, ON N2G 1B1**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

PART LOT 380 JUDGE'S PLAN 500, PART 1, 41R10565; SUBJECT TO AN EASEMENT IN FAVOUR OF PART LOT 380 PLAN 500, PARTS 2 & 3, 41R9104 AS IN CO127762; TOGETHER WITH AN EASEMENT OVER PART LOT 380 PLAN 500, PART 2, 41R9104 AS IN CO127763; TOGETHER WITH AN EASEMENT OVER PART LOT 380 PLAN 500, PARTS 1 & 2 41R10584 AS IN CO289298; TOWN OF TILLSONBURG

(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)