

ALLEN-HASTINGS LIMITED

FAX

HEAD OFFICE

28 BIRCH ROAD

R.R.#1

MILLER LAKE, ON

N0H 1Z0

PHONE: 519-795-7782

FAX: 519-795-7388

TO: Construct Connect Canada

DATE: November 14, 2024

FAX NUMBER: 905 752-5450


FROM: Laura Hastings

PAGES INCLUDING THIS 2

SUBJECT: Grey Bruce Public Health

Could you please publish the attached certificate of substantial completion and bill to the address above. Thank you.

Sincerely



Laura Hastings
Allen-Hastings Limited

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

Construction Act

Municipality of Brockton

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

200 McNab Street Walkerton, ON N0G 2V0

(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:

811938 Grey Bruce Public Health Dental Services

(short description of the improvement)

to the above premises was substantially performed on August 23, 2024

(date substantially performed)

Date certificate signed: August 26, 2024

(payment certifier where there is one)

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

Name of owner: Board of Health for the Grey Bruce Health Unit o/a Grey Bruce Public Health

Address for service: 101 17th Street East Owen Sound, ON N4K 0A5

Name of contractor: Allen-Hastings Limited

Address for service: 28 Birch Road, Miller Lake, ON N0H 1Z0

Name of payment certifier (where applicable): Barry Bryan Associates

Address: 201-250 Water Street, Whitby, Ontario L1N 0G5

(Use A or B, whichever is appropriate)



A. Identification of premises for preservation of liens:

200 McNab Street Walkerton, ON N0G 2V0

(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)