

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

Construction Act

Wellington County

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

235 Union St. East

(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:

Legacy Groves Site - Demolition and Abatement

(short description of the improvement)

to the above premises was substantially performed on **November 26, 2024**

(date substantially performed)

Date certificate signed: **November 29, 2024**

(payment certifier where there is one)



Joe Grasso

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

Name of owner: **Wellington Health Care Alliance**

Address for service: **116 Frederick Campbell Street N1M 0H3**

Name of contractor: **Schouten Excavating Inc.**

Address for service: **7905 Jarriot St. Watford, Ontario N0M 2S0**

Name of payment certifier (where applicable):

Address:

(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:

Groves Memorial Community Hospital 131 Frederick Campbell Street Fergus, Ontario N1M 0H3

(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)