

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

*Construction Act*

Township of Uxbridge, Region of Durham

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

335 Main Street North, Durham Regional Rd 1, Uxbridge, Ontario, L9LP 1R4

(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:

OVH Temporary Heliport Construction at Fields of Uxbridge

(short description of the improvement)

to the above premises was substantially performed on December 9 2024

(date substantially performed)

Date certificate signed: January 6 2025

\_\_\_\_\_  
(payment certifier where there is one)

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

Name of owner: Oak Valley Health

Address for service: 4 Campbell Drive, Uxbridge, Ontario L9P 1R5

Name of contractor: Tri Son Contracting Inc

Address for service: 116 Northport Road, Port Perry, Ontario L9L 1B2

Name of payment certifier (where applicable): John Dejak

Address: 5681 Cedar Springs Rd., Burlington, Ontario L7P 0C2

(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:

Oak Valley Health, 4 Campbell Drive, Uxbridge, Ontario, L9P 1R5

(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)