

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

*Construction Act*

**St. Catharines, Ontario**

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

**1200 Fourth Avenue, St. Catharines**

(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:

**Niagara Health Bunker 4 LINAC**

(short description of the improvement)

to the above premises was substantially performed on **February 4, 2025**

(date substantially performed)

Date certificate signed: **February 4, 2025**



(payment certifier where there is one)

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

Name of owner: **Niagara Health**

Address for service: **1200 Fourth Avenue, St. Catharines, ON L2S 0A9**

Name of contractor: **Chart Construction Management**

Address for service: **7681 Hwy 27, Unit 11, Woodbridge, ON L4L 4M5**

**NORR Architects & Engineers**

Name of payment certifier (where applicable): **Limited**

Address: **175 Bloor Street East North Tower 15th Floor, Toronto, ON, M4W 3R8**

(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:

**Niagara Health**

**Josef Dubicki, Senior Medical Physicist & Radiation Safety Officer**

(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)