

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

*Construction Act*

Town of Oakville

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

3000 Hospital Gate,  
Oakville, Ontario, L6M 4H6

(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:

**ASC (Oakville) Facility Limited Partnership – (Oakville Estates Retirement Residence)**

(short description of the improvement)

to the above premises was substantially performed on March 12, 2025  
(date substantially performed)

Date certificate signed: March 12, 2025



(payment certifier where there is one)

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

Name of owner: **ASC (Oakville) Facility Limited Partnership – (All Seniors Care Living Centres)**

Address for service: 175 Bloor St. East, South Tower Ste.601, Toronto, ON., M4W 3R8

Name of contractor: Percon Construction Inc.

Address for service: Airview Road, Toronto Ontario, M9W 4P2

Name of payment certifier (where applicable): Arcadis Architects (Canada) Inc.

Address: 7th Floor – 55 St. Clair Avenue West Toronto ON M4V 2Y7

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

3000 Hospital Gate, Oakville, ON, L6M 4H6

(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:

N/A

(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)