

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

Construction Act

City of Clinton

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

98 Shipley Street, Clinton, Ontario, N0M 1L0.

(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:

Clinton Public Hospital, Wing 62, Roof Restoration Project (T-24005) - Roof Areas 2.0, 2.1, 3.0 & 5.0

(short description of the improvement)

to the above premises was substantially performed on **May 8, 2025**

(date substantially performed)

Date certificate signed: **May 16, 2025**



(payment certifier where there is one)

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

Name of owner: **Huron Perth Healthcare Alliance**

Address for service: **98 Shipley Street, Clinton, ON N0M 1N0**

Name of contractor: **Cordeiro Roofing Limited**

Address for service: **88 Horner Avenue, Toronto, ON, M8Z 5Y3**

Name of payment certifier (where applicable): **Tektum Consulting Group**

Address: **1250 South Service Road, Unit A2-2 Stoney Creek, ON L8E 5R9**

(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:

Huron Perth Healthcare Alliance - 46 General Hospital Drive, Stratford, ON, N5A 2Y6

(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)