

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

Construction Act

MUNICIPALITY OF LEAMINGTON

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

197 TALBOT STREET WEST

(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:

NEW CONSTRUCTION OF BUILDINGS 1, 5 & 6

(short description of the improvement)

to the above premises was substantially performed on **DECEMBER 22, 2021**

(date substantially performed)

Date certificate signed: **DECEMBER 22, 2021**



JONATHAN ATKINS

(payment certifier where there is one)

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

Name of owner: **LEAMINGTON MEDICAL**
VILLAGE INC.

Address for service: **2199 BLACKACRE DR. OLDCASTLE, ON N0R 1L0**

Name of contractor: **AMICO DESIGN BUILD INC.**

Address for service: **2199 BLACKACRE DR. OLDCASTLE ON N0R 1L0**

Name of payment certifier (where applicable): **ATKINS + VAN GROLL INC.**

Address: **130 BRIDELAND AVENUE, SUITE 101, TORONTO ON M6A 1Z4**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

MERSEA CON 2 PART LOT 4 RP 12R26143 PARTS 5,7,10

(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:

(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)