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

Construction Act

Township of South Stormont ,

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

30 Mille Roches Road, Long Sault, Ontario K0C 1P0 ,

(street address and city, town, etc., or, if there is no street address, the location of the premises)

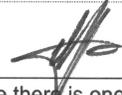This is to certify that the contract for the following improvement:

Omni Healthcare - Woodland Villa Long Term Care Home Redevelopment - Phases 1 and 2

(short description of the improvement)

to the above premises was substantially performed on **March 31, 2022** .

(date substantially performed)

Date certificate signed: **April 29, 2022**

GEORDON GREEN ~~APRIL 29 2022~~

(payment certifier where there is one)
**0760444 B.C. Ltd., as General
Partner on behalf of Omni**

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

Name of owner: **Healthcare Limited Partnership**

Address for service: **2020 Fisher Drive, Suite 1, Peterborough, ON K9J 6X6**

**Robert J. Bourgon & Associates
Ltd. (Operating as Bourgon**

Name of contractor: **Construction)**

Address for service: **3306 Second Street East, Cornwall ON, K6H 6J8**

Geordon Green - G architects

Name of payment certifier (where applicable): **Inc.**

Address: **310 Spadina Ave., Suite 303, Toronto ON M5T 2E8**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:
**PT LT 5 PL 272; PT 1 FT RESERVE PL 271; PT E1/2 LT 36 CON 5 CORNWALL PT 1, 2 & 3 52R2235
EXCEPT PT 1 52R5399; SOUTH STORMONT, 30 MILLES ROCHES ROAD LONG SAULT, PIN 60222-0163**

(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, the name and address of the person or body to whom the claim for lien must be given)