

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

*Construction Act*

The City of Owen Sound, County of Grey, Province of Ontario

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

1300 Sixteenth Avenue East, Owen Sound. Park Lot 5 Range 5 East of the Garafraxa Road PL, Owen Sound, PT 1, Plan 16R8622 Owen Sound (PIN 37063-0488)

(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:


Southbridge Owen Sound: a 3-storey, 160 bed Long-Term Care facility.

(short description of the improvement)

to the above premises was substantially performed on November 3, 2022

(date substantially performed)

Date certificate signed: November 3, 2022



(payment certifier where there is one)

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

Name of owner: CVH (No.3) LP, Southbridge Care Homes

Address for service: Suite 301- 766 Hespler Road, Cambridge Ontario, N3H 5L8

Name of contractor: Clarence H. Graham Design & Construction LTD.

Address for service: Unit 2- 1260 Second Avenue East, Owen Sound, Ontario, N4K 2J3

Name of payment certifier (where applicable): G.M. Diemert Architect Inc.

Address: Suite 201- 957 Fourth Avenue East, Owen Sound, Ontario, N4K 2N9

(Use A or B, whichever is appropriate)

- ☐ A. Identification of premises for preservation of liens:  
Park Lot 5 Range 5 East of the Garafraxa Road PL, Owen Sound, PT 1, Plan 16R8622 Owen Sound (PIN 37063-0488)

(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)