

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

Construction Act

CITY OF ST. CATHARINES

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

585 GLENRIDGE AVENUE, ST. CATHARINES ON

(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:

RENOVATIONS TO MACKENZIE CHOWN RM D208 & D209

(short description of the improvement)

to the above premises was substantially performed on **DECEMBER 22, 2022**

(date substantially performed)

Date certificate signed: **DECEMBER 22, 2022**



(payment certifier where there is one)

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

Name of owner: **BROCK UNIVERSITY**

Address for service: **1812 SIR ISSAC BROCK WAY, ST. CATHARINES ON L2S 3A1**

Name of contractor: **T.R. HINAN CONTRACTORS INC.**

Address for service: **1501 PELHAM ROAD, FONTHILL ON L0S 1E0**

Name of payment certifier (where applicable): **CIANFRONE ARCHITECT INC.**

Address: **172 JOHN STREET SOUTH, HAMILTON, ON L8N 2C4**

(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:

1812 SIR ISSAC BROCK WAY, 12TH FLOOR ARTHUR SCHMON TOWER, ST. CATHARINES ON L2S 3A1

(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)