

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

*Construction Act*

City of Hamilton

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

39 and 43 Charlton Ave East, City of Hamilton, ON L8H 1Y3

(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:

Chimney/Arch Masonry rehabilitation of the facilities

(short description of the improvement)

to the above premises was substantially performed on January 4, 2023

(date substantially performed)

Date certificate signed: January 4, 2023

Wesley Wilson  
(payment certifier where there is one)

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

Name of owner: St. Joseph's Healthcare Hamilton

Address for service: PO Box 20060 Thistletown PO, 900 Albion Road Unit 1 Building 1, Etobicoke, ON M9V 0A4

Name of contractor: Roof Tile Management Inc.

Address for service: 360 Gibraltar Drive, Mississauga, ON L5T 2P5

Name of payment certifier (where applicable): Wesley Wilson

Address: 57B John Street South, Suit 2, Hamilton, ON L8N 2B9

(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:

PO Box 20060 Thistletown PO, 900 Albion Road Unit 1 Building 1, Etobicoke, ON M9V 0A4

(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)