

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)

224 James Street South, Hamilton

(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:

Renovation to Ground and Second Floors

(short description of the improvement)

to the above premises was substantially performed on **January 6, 2023**

(date substantially performed)

Date certificate signed: **January 10, 2023**

SAPLY ARCHITECTS INC.
[Signature]
(payment certifier where there is one)

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

Name of owner: **St. Joseph's Healthcare Hamilton, a division of the St. Joseph's Health System**

Address for service: **50 Charlton Ave E.**

Name of contractor: **Merit Contractors Niagara Ltd.**

Address for service: **235 Martindale Rd., Suite 3, St. Catharines, ON**

Name of payment certifier (where applicable): **Saply Architects Inc, S. Blood**

Address: **1464 Cornwall Rd., Oakville, ON**

(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:

St. Joseph's Healthcare Hamilton, 50 Charlton Avenue East, Hamilton, L8N 1Y3

(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)