

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

Construction Act

Hamilton, ON

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

1200 Main Street West, MUMC Building, McMaster University, Hamilton ON, L8S 2A5

(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:

Hamilton Health Sciences (HHS) Corner Cafe Renovation Project

(short description of the improvement)

to the above premises was substantially performed on January 16th, 2023

(date substantially performed)

Date certificate signed: January 27th, 2023

Alan MacCraken, OAA

(payment certifier where there is one)

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

Name of owner: Hamilton Health Sciences

Address for service: 1200 Main Street West, Hamilton ON, L8S 2A5

Name of contractor: Merit Contractors Niagara Ltd.

Address for service: 140 Niagara Street, Suite 101, St. Catharines ON, L2R 4L4

Name of payment certifier (where applicable): David Carter Architects Inc.

Address: 688 Richmond Street West, Unit 303, Toronto ON, M6J 1C5

(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:

Merit Contractors Niagara Ltd. - 140 Niagara Street, Suite 101, St. Catharines ON, L2R 4L4

(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)