

**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)

**50 Charlton Avenue East, Hamilton, ON, L8N 4A6**

(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:

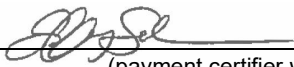
**Pharmacy Sterile Compounding Renovation**

(short description of the improvement)

to the above premises was substantially performed on **January 27, 2023**

(date substantially performed)

Date certificate signed: **February 3, 2023**



Jeff Salmon  
HDR Architecture Associates Inc.

(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: **50 Charlton Avenue East, Hamilton, ON, L8N 4A6**

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

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

Name of payment certifier (where applicable): **HDR Architecture Associates Inc.**

Address: **70 University Avenue, Suite 800, Toronto, ON, M5J 2M4**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

**Plan No. 1431 Lots 1,2,3, & Part of Lots 4, 17, 18, 19 & 20**

(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, the name and address of the person or body to whom the claim for lien must be given)