



**BARRY BRYAN  
ASSOCIATES**

Architects  
Engineers  
Project Managers

# Transmittal

**To:** Dineen Construction (2017) Corporation **Project No.:** 22140  
**Address:** 70 Disco Road Suite 300 **Date:** March 14, 2023  
Toronto, ON M9W 1L9  
**Attention:** Linda Aprile  
**Project Name:** Interior Alterations, Physician Sleep Rooms, Lakeridge Health Port Perry Hospital

<b>For your:</b>	<input type="checkbox"/> Approval	<b>Via:</b>	<input type="checkbox"/> Mail
	<input type="checkbox"/> Distribution		<input type="checkbox"/> Courier
	<input checked="" type="checkbox"/> Information and use		<input type="checkbox"/> By hand
	<input type="checkbox"/> Review and comment		<input type="checkbox"/> To be picked up
<b>Action taken:</b>	<input type="checkbox"/> Reviewed		<input type="checkbox"/> Fax
	<input type="checkbox"/> Reviewed as noted		<input checked="" type="checkbox"/> E-mail
	<input type="checkbox"/> Revise and resubmit		
	<input type="checkbox"/> Not reviewed		

Qty.:	Drawing No.:	Issue No.:	Revision No.:	Description:
1	Copy	-	-	Certificate of Substantial Performance

cc: Lakeridge Health Corporation



250 Water Street,  
Suite 201  
Whitby, Ontario  
Canada  
L1N 0G5

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Jennifer Morton

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

Township of Scugog.....  
(County/District/Regional Municipality/Town/City in which premises are situated)

451 Paxton Street, Port Perry, 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:

Interior Alterations, Physician Sleep Rooms, Lakeridge Health Port Perry Hospital.....  
(short description of the improvement)

to the above premises was substantially performed on February 23, 2023.....  
(date substantially performed)

Date certificate signed: March 14, 2023.....

.....  
(payment certifier where there is one)

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

Name of owner: Lakeridge Health Corporation.....

Address for service: 920 Champlain Ct., Whitby, ON L1N 6K9.....

Name of contractor: Dineen Construction (2017) Corporation.....

Address for service: 70 Disco Road, Suite 300, Toronto, ON M9W 1L9.....

Name of payment certifier (where applicable): Barry Bryan Associates.....

Address: 201-250 Water Street, Whitby, Ontario L1N 0G5.....  
(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:

Lakeridge Health Corporation, 920 Champlain Ct., Whitby, ON L1N 6K9.....  
(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)