

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

Construction Act

City of Kitchener

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

835 KING ST W

(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:

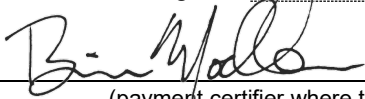
GRH - Negative Pressure Isolation Rooms

(short description of the improvement)

to the above premises was substantially performed on August 14, 2023

(date substantially performed)

Date certificate signed: August 14, 2023



(payment certifier where there is one)

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

Name of owner: Grand River Hospital

Address for service: 835 King St W, Kitchener, ON N2G 1G3

Name of contractor: Merit Contractors Niagara Ltd

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

Name of payment certifier (where applicable): Stantec Architecture Ltd.

Address: 100-401 Wellington St. West, Toronto, ON M5V 1E7

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

PLAN 385 PT MT HOPE CEMETERY LOT PT CLOSED PARK ST

(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)