

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

*Construction Act*

**Township of South Stormont**

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

**30 Mille Roches Road, Long Sault, Ontario K0C 1P0**

(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:

**Omni Healthcare - Woodland Villa Long Term Care Home Redevelopment - Phases 3, 4 and 5**

(short description of the improvement)

to the above premises was substantially performed  
on

**September 27, 2023**

(date substantially performed)

Date certificate signed: **September 27, 2023**



(payment certifier where there is one)

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

**0760444 B.C. Ltd., as General  
Partner on behalf of Omni**

Name of owner: **Healthcare Limited Partnership**

Address for service: **2020 Fisher Drive, Suite 1, Peterborough, ON K9J 6X6**  
**Robert J. Bourgon & Associates,**  
**Ltd. (Operating as Bourgon**

Name of contractor: **Construction)**

Address for service: **3306 Second Street East, Cornwall ON, K6H 6J8**  
**Geordon Green - G architects**

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

Address: **310 Spadina Ave., Suite 303, Toronto ON M5T 2E8**

(Use A or B, whichever is appropriate)

- ☒ A. Identification of premises for preservation of liens:  
**PT LT 5 PL 272; PT 1 FT RESERVE PL 271; PT E1/2 LT 36 CON 5 CORNWALL PT 1, 2 & 3 52R2235**  
**EXCEPT PT 1 52R5399; SOUTH STORMONT, 30 MILLES ROCHES ROAD LONG SAULT, PIN 60222-0163**

(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)