

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

*Construction Act*

Hamilton Wentworth

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

City of Hamilton

(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 – St. Peters Hospital – Parking Lot Repaving and Repairs

(short description of the improvement)

to the above premises was substantially performed on:

November 1, 2023

(date substantially performed)

Date certificate signed:

November 2, 2023



(payment certifier where there is one)

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

Name of Owner: Hamilton Health Sciences

Address for Service: 88 Maplewood Ave., Hamilton, ON L8M 1W9

Name of Contractor: Merit Contractors Niagara Ltd.

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

Name of Payment Certifier: Atkinson Engineering Inc.

Address: 786 King Street East, Hamilton, ON L8M 1A6

(Use A or B, whichever is appropriate)

☒ A Identification of premises for preservation of liens:

Hamilton Health Sciences

(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)