

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

Construction Act

BELLEVILLE, ON

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

256 DUNDAS ST E, BELLEVILLE, 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:

ROOF UPGRADE/REPLACEMENT TO BGH WCA1

(short description of the improvement)

to the above premises was substantially performed

01/11/2023

(date substantially performed)

on Date certificate signed: 20/11/2023



(payment certifier where there is one)

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

Name of owner: QUINTE HEALTH CARE

Address for service: 256 DUNDAS ST E, BELLEVILLE, ON

Name of contractor: EILEEN ROOFING INC

Address for service: 1825 WILSON AVE , TORONTO, ON, M9M 1A2

Name of payment certifier (where applicable): WEATHERPROOFING TECHNOLOGIES CANADA

Address: 50 BETH NEALSON AVE, TORONTO, ON, M4H 1M6

(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:

QUINTE HEALTH CARE

(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)