

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

Construction Act

CITY OF HAMILTON

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

100 MAIN STREET WEST, HAMILTON, ON L8P 1H6

(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:

DAVID BRALEY HEALTH SCIENCE CENTRE ROOF REPLACEMENT

(short description of the improvement)

to the above premises was substantially performed on **DECEMBER 8, 2023**

(date substantially performed)

Date certificate signed: **DECEMBER 12, 2023**

SCOTT LECLAIR,



(payment certifier where there is one)

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

Name of owner: **MCMASTER UNIVERSITY**

Address for service: **1280 MAIN STREET WEST, HAMILTON, ON L8S 4L8**

Name of contractor: **BOTHWELL-ACCURATE**

Address for service: **6675 REXWOOD ROAD, MISSISSAUGA, ON L4V 1V1**

Name of payment certifier (where applicable): **ENTUITIVE CORPORATION**

Address: **200 UNIVERSITY AVE, 7TH FLOOR, TORONTO, ON M5H 3C6**

(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:

CAMPUS SERVICES BUILDING, MCMASTER UNIVERSITY
1280 MAIN STREET WEST
HAMILTON, ONTARIO, L8S 4L8

(if the lien does not attach to the premises, a concise description of the premises, including addresses,
and the name and address of the person or body to whom the claim for lien must be given)