

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

Construction Act

Sarnia

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

89 Norman St., Sarnia ON N7T 6S3

(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:

Bluewater Health Hospital Block X Site Services Upgrade

(short description of the improvement)

to the above premises was substantially performed on **15 February 2024**
(date substantially performed)

Date certificate signed: **15 February 2024**



(payment certifier where there is one)

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

Name of owner: **Bluewater Health Hospital**

Address for service: **89 Norman St., Sarnia ON N7T 6S3**

Name of contractor: **Jayden Construction**

Address for service: **200 Junction Ave., Chatham ON N7M 0T5**

Name of payment certifier (where applicable): **Chorley + Bisset Ltd.**

Address: **800 - 201 Queens Ave., London ON N6A 1J1**

(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:

Bluewater Health Hospital 89 Norman St., Sarnia ON N7T 6S3

(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)