

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

*Construction Act*

**Halton Region**

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

**1245 Lakeshore Road, Burlington, Ontario, L7S 0A2**

(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:

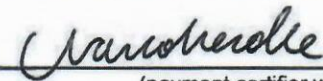
**Replacement of Roof Area 2.1A and 2.1B**

(short description of the improvement)

to the above premises was substantially performed on **February 16, 2024**

(date substantially performed)

Date certificate signed: **February 20, 2024**



(payment certifier where there is one)

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

Name of owner: **Joseph Brant Hospital**

Address for service: **1230 North Shore Boulevard, Burlington, Ontario, L7S 1W7**

Name of contractor: **Atlantic Roofers Ontario Ltd.**

Address for service: **151 Brockley Drive, Hamilton, ON L7S 3C4**

Name of payment certifier (where applicable): **Rimkus Consulting Group**

Address: **2121 Argentia Road, 4<sup>th</sup> Floor, Mississauga, ON L5N 2X4**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**Joseph Brant Hospital, 1245 Lakeshore Road, Burlington, Ontario, L7S 0A2**

(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)