

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

Construction Act

Kapuskasing, ON

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

101 Progress Crescent

(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:

Sensenbrenner Hospital Pharmacy Upgrades

(short description of the improvement)

to the above premises was substantially performed on **May 9, 2024**

(date substantially performed)

Date certificate signed: **May 27, 2024**

(payment certifier where there is one)

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

Name of owner: **Sensenbrenner Hospital**

Address for service: **101 Progress Crescent, Kapuskasing, Ontario, P5N 3H5**

P&J Gelinas Enterprise Inc. /

Name of contractor: **Servicemaster of Kapuskasing**

Address for service: **320 Government Rd. East, Kapuskasing, Ontario, P5N 2X7**

Name of payment certifier (where applicable): **Architecture49. Inc**

Address: **1427 Riverside Drive, Suite 2, Timmins, Ontario P4R 1M8**

(Use A or B, whichever is appropriate)

- A. Identification of premises for preservation of liens:
O'BRIEN CON 15 PT LOT 22 PLAN 6M433 BLKS 37 TO 42 RP 6R3795 PARTS 12 TO 15 PT PARTS 11 AND 18 RP 6R6761 PARTS 1 4 TO 7 RP 6R9066

(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)