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

Construction Act

Pembroke, Ontario

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

705 MacKay Street, Pembroke, ON (4th Floor Tower D)

(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:

Pembroke Family Medicine – 4th Floor Expansion Renovation

(short description of the improvement)

to the above premises was substantially performed on **June 27, 2024**
(date substantially performed)

Date certificate signed: July 9, 2024

N/A

(payment certifier where there is one)

R Johnson / *(owner and contractor, where there is no payment certifier)*

Name of owner **Pembroke Family Medicine Teaching Unit, Contact: Dr. Richard Johnson**

Address for service **715 Mackay Street, Tower D, 4th Floor, Pembroke ON**

Name of contractor **Frecon Construction, Contact: Randy Brunatti**

Address for service **515 Eganville Road, Pembroke ON**

Name of payment certifier **N/A**

Address

(Use A or B whichever is appropriate)

A. Identification of premises for preservation of liens:

715 Mackay Street, Tower D, 4th Floor, Pembroke

(where liens attach to premises, reference to lot and plan or instrument registration number)

B. Office to which claim for lien and affidavit must be given to preserve lien:

(where liens do not attach to premises)