

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

*Construction Act*

City of Peterborough, Peterborough County

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

Peterborough Regional Health Centre, 1 Hospital Drive, Peterborough, ON K9J 7C6

(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:

Interior Alterations, Construction of Ambulatory Care Clinic

(short description of the improvement)

to the above premises was substantially performed on 2024-07-15

(date substantially performed)

Date certificate signed: 2024-07-16



(payment certifier where there is one)

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

Name of owner: Peterborough Regional Health Centre

Address for service: 1 Hospital Drive, Peterborough, ON K9J 7C6

Name of contractor: HN Construction Limited

Address for service: 1270 Finch Avenue West, Unit 11 Toronto, ON, M3J 3J7

Name of payment certifier (where applicable): Hanson + Jung Architects Inc.

Address: Suite 301, 477 Richmond Street West, Toronto, ON, M5V 3E7

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

Peterborough Regional Health Centre, 1 Hospital Drive, Peterborough, ON K9J 7C6

(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)