

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

Construction Act

City of Markham

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

381 Church Street, Markham, ON L6B 1A1

(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:

Accessibility upgrades to existing public washrooms.

(short description of the improvement)

to the above premises was substantially performed on **July 31, 2024**
(date substantially performed)

Date certificate signed: **August 7, 2024**



(payment certifier where there is one)

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

Name of owner: **Oak Valley Health**

Address for service: **381 Church Street, Markham, ON L6B 1A1**

Name of contractor: **Harrington and Associates Ltd.**

Address for service: **9821 Leslie Street, Suite 105, Richmond Hill, ON L4B 3Y4**

Name of payment certifier (where applicable): **Dave Saunders, Section Architects**

Address: **222-50 Carroll St. Toronto ON M4M 3G3**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

CON 9 PT LOTS 11 AND 12 RP 65R18982 PARTS 8 TO 11 PT PAR

(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)