

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

Construction Act

Oakville Ontario

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

438 Iroquois shore rd, oakville, on, L6H 0x7

(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 fit out for Blue Health services


(short description of the improvement)

to the above premises was substantially performed on October 2nd, 2020

(date substantially performed)

Date certificate signed: 22/10/2020

(payment certifier where there is one - signature required)



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

Name of owner: Blue Health

Address for service: 438 iroquois shore rd

Name of contractor: Penalta Group LTD

Address for service: 12B- 504 iroquois shore rd. oakville on L6H 3K4

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

438 iroquois shore rd, Oakville ON L6H 0x7.

(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)