

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

*Construction Act*

**County of Simcoe, Orillia**

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

**170 Colborne Street West, Orillia**

(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:

**Soldiers Wing Emergency and Normal Power Upgrade**

(short description of the improvement)

to the above premises was substantially performed on **October 18, 2020**

(date substantially performed)

Date certificate signed: **October 20, 2020**

(payment certifier where there is one)

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

Name of owner: **Orillia Soldiers Memorial Hospital**

Address for service: **170 Colborne Street West, Orillia**

Name of contractor: **Symtech Innovations Ltd.**

Address for service: **20 West Beaver Creek Rd., Richmond Hill**

Name of payment certifier (where applicable): **WSP Canada Group Ltd.**

Address: **600 Cochrane Drive, 5<sup>th</sup> Floor. Markham**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

**170 Colborne Street West, Orillia, L3V 2Z3**

(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)