

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

*Construction Act*

Bowmanville, Municipality of Clarington, Durham Region

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

47 Liberty St. S, Bowmanville, ON

(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:

Generator Replacement

(short description of the improvement)

to the above premises was substantially performed on November 6, 2020

(date substantially performed)

Date certificate signed: November 6, 2020



(payment certifier where there is one)

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

Name of owner: Lakeridge Health - Bowmanville Hospital

Address for service: 47 Liberty St S., Bowmanville ON

Name of contractor: Dineen Construction Corporation

Address for service: 70 Disco Road, Suite 300, Toronto, ON

Name of payment certifier (where applicable): H.H. Angus & Associates Ltd.

Address: 1127 Leslie St., Toronto ON

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Lakeridge Health - Bowmanville Hospital, 47 Liberty St. S., Bowmanville ON

(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, a concise description of the premises, including addresses,  
and the name and address of the person or body to whom the claim for lien must be given)