

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

Construction Act

City of Hamilton

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

237 Barton Street East, Hamilton 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:

Hamilton General Hospital DI-IVR Renovations

(short description of the improvement)

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

(date substantially performed)

Date certificate signed: **December 11, 2020**



(payment certifier where there is one)

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

Name of owner: **Hamilton Health Sciences Corp.**

Address for service: **1200 Main Street West, Hamilton ON, L8N 3Z5**

Name of contractor: **Gen-er Construction Limited**

Address for service: **39 Churchill Drive, Unit 2, Barrie ON, L4N 8Z5**

Name of payment certifier (where applicable): **McCallum Sather Architects Inc.**

Address: **286 Sanford Avenue North , 2nd Floor, Hamilton ON, L8L 6A1**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

(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:

Daniela Pavlich

Juravinski Hospital and Cancer Center, 711 Concession Street, Section M, Level 0, Room 12A

(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)