

FORM 6
CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE
CONTRACT UNDER SECTION 32 OF THE ACT

Construction Lien Act

Oshawa

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

1 Hospital Ct, Oshawa, ON L1G 2B9

(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:

Lakeridge Health Oshawa - North and South Parking Garage - 2020 Repairs

(short description of the improvement)

to the above premises was substantially performed on **16 Decemeber 2020**

(date substantially performed)

Date certificate signed: **17 December 2020**



(payment certifier where there is one)

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

Richard Csanadi

Name of owner: **Lakeridge Health Oshawa**

Address for service: **1 Hospital Ct, Oshawa, ON L1G 2B9**

Name of contractor: **United Building Restoration Ltd.**

Address for service: **501 Passmore Ave Unit # 32, Scarborough, ON M1V 5G4**

Jesse Tresise, P.Eng., exp

Name of payment certifier (where applicable): **Services Inc.**

Address: **220 Commerce Valley Drive West, Suite 500, Markham, ON L3T 0A8**

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

1 Hospital Ct, Oshawa, ON L1G 2B9

(where liens attach to premises, reference to lot and plan number or instrument registration number)

☐ B. Office to which claim for lien must be given to preserve lien:

(where liens do not attach to premises)