

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)

Level 0, Juravinski Tower, 50 Charlton 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:

Expansion of Existing Morgue in Hospital

(short description of the improvement)

to the above premises was substantially performed on Jan. 11, 2021

(date substantially performed)

Date certificate signed: Jan. 11, 2021

(payment certifier where there is one)

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

Name of owner: St. Josephs Healthcare Hamilton

Address for service: 50 Charlton Street East, Hamilton, ON

Name of contractor: TRP Construction

Address for service: 107-3030 Harvester Road, Burlington, ON L7N 3J1

Name of payment certifier (where applicable): N/A

Address: N/A

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

50 Charlton Ave E
Hamilton, ON L8N 1Y3

(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)