

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

Construction Act

City of Kawartha Lakes

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

Ross Memorial Hospital, 10 Angeline St. N., Lindsay ON, K9V 4M8

(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:

Ross Memorial Hospital, Kitchen Modernization Project

(short description of the improvement)

to the above premises was substantially performed on **February 18, 2021**

(date substantially performed)

Date certificate signed: **February 24, 2021**

Alan MacCraken, OAA

(payment certifier where there is one)

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

Name of owner: **Ross Memorial Hospital**

Address for service: **10 Angeline St. N., Lindsay ON, K9V 4M8**

Name of contractor: **Quinan Construction Ltd.**

Address for service: **55 Progress Dr., Orillia ON, L3V 0T7**

Name of payment certifier (where applicable): **David Carter Architects Inc.**

Address: **688 Richmond St. W., Suite 303, Toronto ON, M6J 1C5**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

Ross Memorial Hospital, Kitchen - Nutrition Services, 10 Angeline St. N., Lindsay ON, K9V 4M8

(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)