

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

Construction Act

Halton Region

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

1245 Lakeshore Road, Burlington, Ontario, L7S 0A2

(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:

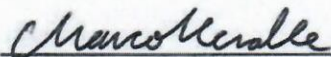
Replacement of Roof Area 1.1, 5 and 27

(short description of the improvement)

to the above premises was substantially performed on **March 10, 2021**

(date substantially performed)

Date certificate signed: **March 16, 2021**



(payment certifier where there is one)

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

Name of owner: **Joseph Brant Hospital**

Address for service: **1230 North Shore Boulevard, Burlington, Ontario, L7S 1W7**

Name of contractor: **Atlantic Roofers Ontario Ltd.**

Address for service: **151 Brockley Drive, Hamilton, ON L7S 3C4**

Name of payment certifier (where applicable): **IRC Building Sciences Group**

Address: **2121 Argentia Road, 4th Floor, Mississauga, ON L5N 2X4**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

Joseph Brant Hospital, 1245 Lakeshore Road, Burlington, Ontario, L7S 0A2

(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)