

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

*Construction Act*

**County of Wellington, Township of Wellington North, Mount Forest, Ontario**

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

**630 Dublin Street**

(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:

**ER & Ambulatory Care Project & Related Work**

(short description of the improvement)

to the above premises was substantially performed on **August 11, 2021**

(date substantially performed)

Date certificate signed: **August 11, 2021**

*Paul French*

(payment certifier where there is one)

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

Name of owner: **North Wellington Heath Centre**  
**Louise Marshall Hospital**

Address for service: **630 Dublin Street, Mount Forest, ON N0G 2L3**

Name of contractor: **Chart Construction Management**  
**Inc.**

Address for service: **7681 Hwy 27, Woodbridge, ON L4L 4M5**

Name of payment certifier (where applicable): **Parkin Architects Limited**

Address: **1 Valleybrooke Drive, Toronto, ON M3B 2S7**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**630 Dublin Street, Mount Forest, ON N0G 2L3**

(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)