

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

Kingston

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

166 Brock 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:

Hotel Dieu Hospital, Jeanne Mance Wing, Basement Leak Repairs

(short description of the improvement)

to the above premises was substantially performed on March 29, 2023

(date substantially performed)

Date certificate signed: April 12, 2023



(payment certifier where there is one - signature required)

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

Name of owner: Kingston Health Sciences Centre

Address for service: 24 Barrie Street, Kingston, Ontario K7L 2V7

Name of contractor: Emmons & Mitchell Construction (2000) Ltd.

Address for service: 592 Justus Drive, Kingston, Ontario K7M 4H4

Name of payment certifier (where applicable): Fishburn Sheridan Kingston Inc.

Address: 105-1020 Bayridge Drive, Kingston, Ontario K7P 2S2

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

Part Park Lot 1, Selma Block, Part Lots 294 & 295, Original Survey, City of Kingston

(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)