

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

London, Ontario

(County / District or Regional Municipality in which the premises are situated)

550 WELLINGTON ROAD LONDON, ON N6C 5J1

(street address and city, town, etc. for the location of the premises)

This is to certify that the contract for the following improvement:

Project Name: SJHC PARWOOD D4 OFFICE RENOVATION

Project Number: 2211

(short description of the improvement)

to the above premises was substantially performed on:

2023 05 01

(date substantially performed)

Date certificate signed:

2023-05-15

(payment certifier where there is one)

(owner, where there is no payment certifier)

(contractor, where there is no payment certifier)

Name of Owner: ST. JOSEPH'S HEALTH CARE LONDON

Address for Service: 550 WELLINGTON ROAD LONDON, ON

Name of Contractor: Elgin Contracting and Restoration Ltd.

Address for Service: 10 Barrie Blvd. St. Thomas, ON N5P 4B9

Name of Payment Certifier: _____

Address: 1065 Valetta Street, Suite A, London, ON N6H 2Z9

(Use A or B whichever is appropriate)

A. Identification of premises for preservation of liens:

550 WELLINGTON ROAD LONDON, ON N6C 5J1

(where liens attach to premises, reference to lot and plan or instrument registration number)

B. Office to which claim for lien and affidavit must be given to preserve lien:

(where liens do not attach to premises)