

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

Ottawa

.....  
*(Country/District/Regional Municipality/Town/City in which premises are situated)*

9 Meridian Dr, Ottawa, ON K2G 6P7

.....  
*(Street address and city, town, etc., or, if there is no street address, the location of the premises)*

Project ID: CR012506 for Project Name: PD Clark Cement Board Cladding/Sheating **Phase 2A**

.....  
for Purchase Order No: 45088815

.....  
*(Short description of the improvement)*

May 31, 2021

.....  
*(date substantially performed)*

Date certificate signed: August 05, 2021

**Payment Certifier where there is one**

CONCENTRIC ASSOCIATES

.....  
*(payment certifier)*

~~Paul Matergio~~ **Nick McMaster**

.....  
*(name)*

.....  
*(Signature)*

**Owner and Contractor, where there is no payment certifier**

.....  
*(representative of owner)*

.....  
*(signature)*

.....  
*(representative of contractor)*

.....  
*(signature)*

Name of the owner

City of Ottawa

Address for service

100 Constellation Drive, Ottawa, ON, K2G 6J8

Name of the contractor

JUMEC CONSTRUCTION INC

Address for service

106-6 BEXLEY PL., OTTAWA ON, K2H 8W2

Name of payment certifier

CONCENTRIC ASSOCIATES

*(where applicable)*

Address

100 - 2327 ST LAURENT BLVD, OTTAWA ON, K1G 4J8

*(Use A or B whichever is appropriate)*

A. Identification of premises for preservations of liens:

Peter D. Clark Long Term Care, K2G 6P7 Ottawa, 9 Meridian Dr, Onta

.....  
*(if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the*

B. Office to which claim for lien and affidavit 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)*