

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

*Construction Act*

**City of Ottawa**

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

**The Ottawa Hospital - Civic Campus (1053 Carling Ave Ottawa, ON K1Y 4E9)**

(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:

**CP-164 Dish Washer Replacement**

(short description of the improvement)

to the above premises was substantially performed on **October 31, 2020**

(date substantially performed)

Date certificate signed: **November 4, 2020**

(payment certifier where there is one)

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

Name of owner: **The Ottawa Hospital**

Address for service: **1053 Carling Ave Ottawa, ON K1Y 4E9**

**Jumec Construction**

Name of contractor: **Incorporated**

Address for service: **1053 Carling Ave Ottawa, ON K1Y 4E9**

Name of payment certifier (where applicable): **HDR Architecture Associates,**

**Inc.**

Address: **300 Richmond Road, Suite 200, Ottawa, ON K1Z 6X6**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**1053 Carling Ave Ottawa, ON K1Y 4E9**

(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)