

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

Construction Act

Ottawa, Ontario

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

1053 Carling Avenue, Ottawa Ontario, K1Y 4E9 & 501 Smyth Rd, Ottawa Ontario K1H 8L6

(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-148 Patient Lift Installation Project

(short description of the improvement)

to the above premises was substantially performed on **October 12, 2021**

(date substantially performed)

Date certificate signed: _____

(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 Avenue, Ottawa Ontario, K1Y 4E9 & 501 Smyth Rd, Ottawa Ontario K1H 8L6**

Name of contractor: **GraeBeck Construction**

Address for service: **160C Terrence Matthews Crescent, Kanata, Ontario K2M 0B2**

Name of payment certifier (where applicable): **N/A**

Address: **N/A**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

1053 Carling Avenue, Ottawa Ontario, K1Y 4E9 & 501 Smyth Rd, Ottawa Ontario K1H 8L6

(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)