

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

Construction Act

The Corporation of the City of Windsor

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

1030 Ouellette Ave., Windsor, ON N9A 1E1

(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:

Cath Lab Renewal and Microbiology Lab Renovation

(short description of the improvement)

to the above premises was substantially performed on **June 08, 2026**

(date substantially performed)

Date certificate signed: **June 9, 2026**

(payment certifier where there is one)

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

Name of owner: **Windsor Regional Hospital**

Address for service: **1030 Ouellette Ave., Windsor, ON**

Name of contractor: **Lester Construction Group Inc.**

Address for service: **3445 Wheelton Dr, Windsor, ON**

Name of payment certifier (where applicable): **Parkin Architects Limited**

Address: **5000 Yonge Street, Suite 1601, Toronto, ON**

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

(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:

Windsor Regional Hospital, 1030 Ouellette Ave., Windsor, ON

(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)