

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

Construction Act

City of Kingston

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

Kingston General Hospital - 76 Stuart Street, Kingston ON K7L 2V7

(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:

Modernization of Watkins elevator #17

(short description of the improvement)

to the above premises was substantially performed on 2023-03-09

(date substantially performed)

Date certificate signed: 2023-03-10

(payment certifier where there is one)

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

Name of owner: Kingston Health Sciences Centre

Address for service: Planning Office - 24 Barrie Street, Kingston ON K7L 2V7

Name of contractor: David J Cupido Construction Ltd.

Address for service: 4-620 Cataraqui Woods Drive, Kingston ON K7P 1T8

Name of payment certifier (where applicable): KJA Consultants Inc.

Address: B32 - 325 Front Street West, Toronto ON M5V 2Y1

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

Kingston General Hospital - 76 Stuart Street, Kingston ON

(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)