

**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)

**60 Cambridge Street N., Ottawa, ON**

(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:

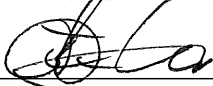
**Saint-Vincent Hospital Belvedere Repairs**

(short description of the improvement)

to the above premises was substantially performed on **September 8<sup>th</sup>, 2024**

(date substantially performed)

Date certificate signed: **October 11, 2024**



(payment certifier where there is one)

**FOR J. Chapman.**

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

Name of owner: **Bryère Continuing Care**

Address for service: **60 Cambridge Street N. Ottawa, ON**

**Raymond and Associates**

Name of contractor: **Roofing Inc.**

Address for service: **3091 Albion Rd. N., Unit 5b, Ottawa, ON K1V 9V9**

Name of payment certifier (where applicable): **James D. Chapman**

Address: **HDR Architecture Associates, Inc. 300 Richmond Road, Suite 200 Ottawa, ON K1Z 6X6**

(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:

**Bryère Continuing Care, c/o Mr. John Martin, Director Facilites, 43 Bryère Street Ottawa, ON, K1N 5C8**

(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)