



Chorley+Bisset
CONSULTING ENGINEERS

7 March 2024

File No. 9499

BESTERD MECHANICAL
1070 WILTON GROVE ROAD
LONDON ON N6N 1C6

Attention: Colin Cook

Re: MHA SMGH New Chiller Room

Dear Sirs:

Please find enclosed a copy of the Certificate of Substantial Performance of the Contract Under Section 32 of the Construction Act, for this project.

Be advised that you are required to advertise the contents of the Substantial Completion Certificate in a construction trade publication. On the date of publication, the 60-day lien period will start. Please submit a copy of the advertisement to our office.

Upon conclusion of the 60-day lien period, the total monies due to you will be paid by the Owner, providing all deficiencies have been corrected. If all deficiencies have not been corrected, you will be paid the holdback only.

Yours truly,

CHORLEY & BISSET LTD.

Per:

Carlos DeOliveira

Encls.

CDO:cmw

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

Construction Act

Strathroy

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

395 Carrie St., Strathroy ON N7G 3J4

(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:

MHA SMGH New Chiller Room

(short description of the improvement)

to the above premises was substantially performed on **7 March 2024**

(date substantially performed)

Date certificate signed: **7 March 2024**



(payment certifier where there is one)

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

Name of owner: **Strathroy Middlesex General Hospital**

Address for service: **395 Carrie St., Strathroy ON N7G 3J4**

Name of contractor: **Besterd Mechanical**

Address for service: **1070 Wilton Grove Rd., London ON N6N 1C6**

Name of payment certifier (where applicable): **Chorley + Bisset Ltd.**

Address: **800 - 201 Queens Ave., London ON N6A 1J1**

(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:

STRATHROY MIDDLESEX GENERAL HOSPITAL 395 CARRIE ST., STRATHROY ON N7G 3J4

(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)