

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

*Construction Act*

**Ottawa ON.**

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

**1053 Carling Avenue**

(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:

**CP536 A Wing Fire Alarm Upgrades**

(short description of the improvement)

to the above premises was substantially performed on **Febraury 1, 2025**  
(date substantially performed)

Date certificate signed: **March 3, 2025**

(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 ON K1Y 4E9**

Name of contractor: **Jumec Construction**

Address for service: **6 Bexley Place, Nepean ON K2H 8W2**

Name of payment certifier (where applicable): **WSP Canada Ltd**

Address: **2611 Queensview Drive Suite 300 Ottawa ON K1B 8K2**

(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:

(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)