

November 18, 2024

24-0032-05

Alliance Commercial Restoration Inc.  
91 Parr Blvd.  
Bolton, ON L7E 4E3

**Attention:** Vito Nardi

**Re: 201 Elizabeth Street, Toronto ON  
Toronto General Hospital (TGH) Elizabeth Parkade  
Post Tension Tendon Replacement - Cable L2, L9, L15 & Cables 1AT3, 2T26, 3TL18, 3T33, 02-8A-T10  
Substantial Performance**

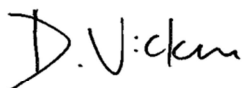
Dear Vito:

Please find enclosed the Certificate of Substantial Performance for the above noted project. Please provide the following information prior to submitting the release of holdback:

1. Proof of publication in the Daily Commercial News;
2. All warranty papers for the work;
3. Post Tension Stressing Log
4. WSIB Clearance Certificate; and
5. Statutory Declaration for the release of holdback.

We trust this is the information you require at this time. Should you have any questions or concerns please do not hesitate to contact me.

Regards,  
**Engineering Link Incorporated**



Per: Deirdre Vickers, P.Eng.  
Associate  
c: 647-542-7885  
e: [deirdre.v@englink.ca](mailto:deirdre.v@englink.ca)

Encl. Certificate of Substantial Performance and Substantial Completion Financial Statement

To: Malique Beckford [malique.beckford@uhn.ca](mailto:malique.beckford@uhn.ca)

**Certificate Of Substantial Performance  
Of The Contract Under Section 32 Of The Act**

Construction Lien Act

City of Toronto

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

201 Elizabeth Street, Toronto, M5G 2C4

\_\_\_\_\_  
*(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:

Post Tension Cable Replacement - Cable L2, L9, L15 & Cables 1AT3, 2T26, 3TL18, 3T33, 02-8A-T10

\_\_\_\_\_  
*(Short Description of the Improvement)*

To the above premises was substantially performed on:

November 8, 2024

\_\_\_\_\_  
*(Date Substantially Performed)*

Date Certificate Signed: November 18, 2024

*D. V. Clerk*

\_\_\_\_\_  
*(Payment Certifier Where There is One)*

\_\_\_\_\_  
*(Owner and Contractor, Where There is No Payment Certifier)*

Name of Owner:

University Health Network (UHN)

Address for Service:

67 College Street (2<sup>nd</sup> Floor), Toronto, ON M5G 2M1

Name of Contractor:

Alliance Commercial Restoration Inc.

Address for Service:

91 Parr Blvd., Bolton, ON L7E 4E3

Name of Payment Certifier *(where applicable)*:

Engineering Link Incorporated

Address:

375 University Ave., Suite 901, Toronto, ON, M5G 2J5

*(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:

67 College Street (2<sup>nd</sup> Floor), Toronto, ON M5G 2M1

\_\_\_\_\_  
*(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)*