

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

CITY OF TORONTO

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

865 PHARMACY AVENUE, SCARBOROUGH, ON, M1L 3K7

(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:

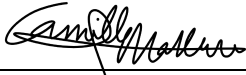
SELECTIVE CATALYTIC REDUCTION (SCR) INSTALLATION AND ELECTRICAL MODIFICATIONS

(short description of the improvement)

to the above premises was substantially performed on **JANUARY 28, 2025**

(date substantially performed)

Date certificate signed: **FEBRUARY 10, 2025**



(payment certifier where there is one)

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

Name of owner: **BELL CANADA**

Address for service: **5025 CREEKBANK ROAD, BLDG A, MISSISSAUGA, ON L4W 0B6**

Name of contractor: **PLAN GROUP INC**

Address for service: **2740 STEELES AVENUE WEST, VAUGHAN, ON, L4K 4T4**

Name of payment certifier (where applicable): **H.H. ANGUS & ASSOCIATES LTD**

Address: **1176 EGLINTON AVE EAST, SUITE 800, TORONTO, ON M3C 0S1**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

865 PHARMACY AVENUE, SCARBOROUGH, ON, M1L 3K7

(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, 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)