

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

Construction Act

Toronto, Ontario

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

825 Coxwell Avenue, Toronto, ON M4C 3E7

(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:

Michael Garron Hospital - MGH J4 Pre-Op Renovations

(short description of the improvement)

to the above premises was substantially performed on **April 30, 2025**

(date substantially performed)

Date certificate signed: **May 13, 2025**



(payment certifier where there is one)

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

Name of owner: **Michael Garron Hospital**

Address for service: **825 Coxwell Avenue, Toronto, ON M4C 3E7**

Name of contractor: **Chart Construction Management**

Address for service: **7681 Hwy 27, Unit 1, Woodbridge, ON L4L 4M5**

NORR Architects & Engineers

Name of payment certifier (where applicable): **Limited**

Address: **175 Bloor Street East North Tower 15th Floor, Toronto, ON, M4W 3R8**

(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:

Michael Garron Hospital - 825 Coxwell Ave.

(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)