

**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)

**686 Bay Street, Toronto, ON, M5G 0A4**

(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:

**SickKids PGCRL Micro CT Project**

(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**



**M. Merrick, NORR AEL**

(payment certifier where there is one)

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

Name of owner: **The Hospital for Sick Children**

Address for service: **555 University Ave., Toronto, ON M5G 1X8**

Name of contractor: **Torque Builders Inc.**

Address for service: **72 Corsate Avenue, Vaughan ON, L4K 4X2**

**NORR Architects & Engineers**

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

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

Address:

(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:

**555 University Ave, Toronto, ON, M5G 1X8, Suite 1100**

(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)