

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

Construction Act

City of Toronto, North York

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

4001 Leslie St, North York, ON, M2K 1E1

(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:

Roof replacement at 4001 Leslie Street, Area J9

(short description of the improvement)

to the above premises was substantially performed on March 4, 2021

(date substantially performed)

Date certificate signed: April 5, 2021

Thomas Cummings/ss

(payment certifier where there is one)

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

Weatherproofing Technologies Canada

Name of owner: North York General Hospital

Address for service: 4001 Leslie Street, North York, ON, M2K 1E1

Name of contractor: Eileen Roofing Inc.

Address for service: 1825 Wilson Ave, North York, ON, M9M 1A2

Weatherproofing Technologies

Name of payment certifier (where applicable): Canada

Address: 50 Beth Neilson Drive, Toronto, ON, M4H 1M6

(Use A or B, whichever is appropriate)

- ☒ A. Identification of premises for preservation of liens:
PT E1/2 & E PT OF W1/2 LT 15 CON 3 EYS TWP OF YORK; PT W PT OF W1/2 LT 15 CON 3 EYS TWP OF YORK; PT RDAL BTN CON 2 EYS & CON 3 EYS TWP OF YORK CLOSED BY NY767605; PT 3 & 4, 64R14916; TORONTO (N YORK), CITY OF TORONTO

(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)