## **APPENDIX A**

## FORM 9

## CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE CONTRACT UNDER SECTION 32 OF THE ACT

**Construction Act** 

TORONTO	
(County/District/Regional Municipality/Town/City in which premises are situated)	
250 COLLEGE ST., RM 276 2ND FL., TORONTO ON., M5T 1R8	
(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:	
INTERIOR ALTERATIONS TO BUILD A PET/CT SCANNER ROOM	
(short description of the improvement)	
to the above premises was substantially performed on	APRIL 27, 2021
	(date substantially performed)
Date certificate signed: APRIL 30, 2021	
11.	
(payment certifier where there is one)	(owner and contractor, where there is no payment certifier)
Name of owner: CENTRE FOR ADDICTION AND MENTAL HEALTH	
Address for service: 1001 QUEEN ST. WEST, TORONTO, ON., M6J 1H4	
RITESTART LIMITED  Name of contractor:	
Address for service: 845 HARRINGTON COURT, UNIT 11, BURLINGTON, ON, L7N 3P	
Name of payment certifier (where applicable):	
Address: 150 WINONA DR. TORONTO, ON. M6G 3S9	
(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)	
X B. Office to which claim for lien must be given to preserve lien:	
Centre for Addiction and Mental Health (CAMH) 101 Stokes Street, Toronto, ON, M6J 1H4	
(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)

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