

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

*Construction Act*

**Mississauga**

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

**2200 Eglinton Ave W, Mississauga, ON L5M 2N1**

(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:

**THP - CVH - Boiler Room Cooling. Supply and install of ducted fan coil unit in boiler room.**

(short description of the improvement)

to the above premises was substantially performed on **June 30<sup>th</sup> 2021**

(date substantially performed)

Date certificate signed: **August 19<sup>th</sup> 2021**



(payment certifier where there is one)

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

Name of owner: **Trillium Health Partners - Credit  
Valley Hospital**

Address for service: **2200 Eglinton Ave W, Mississauga, ON L5M 2N1**

Name of contractor: **Nutemp Mechanical Systems  
Limited**

Address for service: **3535 Laird Road - Unit 4, Mississauga, ON. L5L 5Y7**

Name of payment certifier (where applicable): **H.H Angus & Associates Ltd**

Address: **1127 Leslie St. Toronto, ON. M3C 2J6**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

**CON 2 NDS Pt LTS 14, 15 PL 1003 RP 43R10237 PTS 1, 3; Part of lots 14 and 15 Plan 1003**

(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)