



**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)

399 Bathurst Street

(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:

Toronto Western Hospital - Roofing Replacement and Repairs

(short description of the improvement)

to the above premises was substantially performed on

October 1, 2021

(date substantially performed)

Date certificate signed: October 14, 2021

WSP Canada Inc.

(Payment Certifier where there is one)

Sam Schiafone  
Project Director

Name of owner: University Health Network

Address for service: 700 Bay Street, 7th Floor, Toronto ON, M5G 1Z6

Name of contractor: PCL Constructors Canada Inc.

Address for service: 2201 Bristol Circle, Suite 500, Oakville, ON L6H 0J8

Name of payment certifier: WSP Canada Inc.

Address: 2300 Yonge Street, Suite 2300, Toronto, Ontario, M4P 1E4

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

399 Bathurst Street, Toronto ON, M5T 2S6, Hospital; PIN No. 2136-0116LT, Instrument No. AT1973653

(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)