

**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)

347 Rumsey Road and 520 Sutherland Drive, East York

(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:

Site Renewal

(short description of the  
improvement)

to the above premises was substantially performed on October 21, 2021  
(date substantially performed)

Date certificate signed: October 26, 2021



(payment certifier where there is one - signature required)

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

Name of owner: University Health Network

Address for Service: 190 Elizabeth Street, Toronto ON M5G 2C4

Name of Contractor: PCL Construction Canada Inc.

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

Name of payment certifier (where applicable): Sense Engineering Ltd.

Address: 10 Greensborough Village Circle, Unit 15, Markham ON L6E 1M4

(Use A or B, whichever is appropriate)



**A. Identification of premises for preservation of liens:**

PT LT 2 CON 2 EYS TWP OF YORK; PT LT 3 CON 2 EYS TWP OF YORK AS IN NY385308 S/T & T/W NY385308; 1 FT RESERVE PL 3110 LEASIDE; S/T NY634825, NY654860; TORONTO (E YORK/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, the name and address of the person or body to whom the claim for lien must be given)