

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

Toronto, Ontario

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

840 Coxwell Avenue

(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:

MGH - Michael Garron Hospital
Third Floor Medical Offices 840 Coxwell Avenue Toronto M4C5T2

(short description of the improvement)

to the above premises was substantially performed on **18 November 2021**
(date substantially performed)

Date certificate signed: **18 November 2021**

Name: Gordon Martyschuk
Title: Contract Administrator

Signature

Date

(payment certifier)

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

Name of owner: **Toronto East Health Network**

Address for service: **840 Coxwell Avenue, Toronto, ON M4C 5T2**

Name of contractor: **Maystar General Contractors**

Address for service: **161 Trade Valley Drive, Vaughan ON L4H 3N6**
NORR Architects & Engineers

Name of payment certifier (where applicable): **Limited**

Address: **175 Bloor Street East North Tower 15th Floor, Toronto, ON, M4W 3R8**

(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)

☒ B. Office to which claim for lien must be given to preserve lien:

Toronto East Health Network Michael Garron Hospital 825 Coxwell Avenue M4C 3E7

(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)