



**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)

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:

Gamma Knife Building Basement Leak Repairs

(short description of the improvement)

to the above premises was substantially performed on

November 29, 2021

(date substantially performed)

Date certificate signed: December 20, 2021

WSP Canada Inc.

(Payment Certifier where there is one)

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

Name of owner: University Health Network

Address for service: 399 Bathurst Street, Toronto

Name of contractor: PCL Constructors Canada Inc.

Address for service: 2201 Bristol Circle, Suite 500, Oakville

Name of payment certifier: WSP Canada Inc.

Address: 2300 Yonge Street, Suite 2300, Toronto, Ontario,

(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)