

**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)

Toronto Western Hospital, 399 Bathurst St., Toronto, ON

.....  
(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 FP SF03 Housing Replacement and Leak Repair

.....  
(short description of the improvement)

to the above premises was substantially performed on March 31, 2022  
.....  
(date substantially performed)

Date certificate signed: March 31, 2022  
.....

N/A  
.....  
(payment certifier where there is one)

[Signature] *For PCL*  
.....  
(owner and contractor, where there is no payment certifier)

Name of owner: University Health Network  
.....

Address for service: 700 Bay St., 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 (where applicable): N/A  
.....

Address: N/A  
.....  
(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

399 Bathurst Street, Toronto, ON, M5T 2S8  
.....

(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)