

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

Construction Act

The City of Toronto

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

Toronto General Hospital, 200 Elizabeth Street, Toronto, ON M5G 2C4

(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:

EO Sterilizers Replacement

(short description of the improvement)

to the above premises was substantially performed on **March 12, 2021**

(date substantially performed)

Date certificate signed: **April 6, 2022**



(payment certifier where there is one)

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

Name of owner: **University Health Network**

Address for service: **700 Bay Street, Suite 700, Toronto, ON M5G 1Z6**

Name of contractor: **Plan Group**

Address for service: **2740 Steeles Avenue West, Vaughan ON L4K 4T4**

Name of payment certifier (where applicable): **WSP Canada Inc.**

Address: **600 Cochrane Drive, Markham, ON L3R 5K3**

(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:

700 Bay Street, Suite 700, Toronto, ON M5G 1Z6

(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)