

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)

985 (989) DANFORTH AVE, TORONTO, ON. M4J 1M1

(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:

WOMEN'S WITHDRAWAL MANAGEMENT CENTRE

(short description of the improvement)

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

Date certificate signed: SEPTEMBER 7, 2022



D. M. PAQUETTE, OAA

(payment certifier where there is one)

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

Name of owner: 2063247 ONTARIO INC C/O MICHAEL GARRON HOSPITAL

Address for service: 825 COXWELL AVE, TORONTO, ON M4C 3E7

Name of contractor: MAYSTAR GENERAL CONTRACTORS

Address for service: 161 TRADE VALLEY DRIVE, VAUGHAN, ON L4H 3N6

Name of payment certifier (where applicable): PAQUETTE ARCHITECTS INC

Address: 150 KING ST W, SUITE 200, TORONTO, ON M5H 1J9

(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:

MICHAEL GARRON HOSPITAL, C/O ENGINEERING SERVICES, 825 COXWELL AVE, TORONTO, ON M4C 3E7

(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)

A. Project Information			
Building number, street name 985 DANFORTH AVE			Unit number
Lot/con.			
Municipality TORONTO	Postal code M4J 1M1	Plan number/other description PLAN M435 LOT 3 PT LOTS 2&4 RP66R 15551 PART 2	
Project value est. \$ 1,500,000		Area of work (m ²) 392.60	

B. Project Description