

**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)

190 Elizabeth Street, 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:

The renovation works of the OR control room at TGH: SAP #110022106, PO # 7600035728

(short description of the improvement)

to the above premises was substantially performed on Aug. 10, 2022

(date substantially performed)

Date certificate signed: 10-12-22

(payment certifier where there is one)

  
Lori Cedano, Manager,  
UHN FM-PRO Redevelopment

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

Name of owner: Univeristy Health Network

Address for service: 190 Elizabeth Street, RFE IS-414, Toronto, ON M5G 2C4  
Dineen Construction (2017)

Name of contractor: Corporation

Address for service: 70 Disco Road, Suite 300, Toronto, Ontario, M9W 1L9

Name of payment certifier (where applicable): University Health Network

Address: 190 Elizabeth St, RFE IS-414, Toronto, Ontario, M5G 2C4

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

21341-0158 (LT), LT 7 PL 1147 CITY WEST; TORONTO ; CITY OF TORONTO

(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)