

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, 9th Floor, 399 Bathurst 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:

Interior Alterations, Movement Disorders Clinic, 9McL

(short description of the improvement)

to the above premises was substantially performed on October 19, 2022

(date substantially performed)

Date certificate signed: 2022-11-01



(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, 7th Floor, M5G 1Z6

Name of contractor: Dineen Construction (2017) Corporation

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

Name of payment certifier (where applicable): Hanson + Jung Architects

Address: Suite 301, 477 Richmond Street West, Toronto, ON M5V 3E7

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Toronto Western Hospital, 399 Bathurst Street, Toronto, ON M5T 2S6

(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)