

**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)

**30 The Queensway, Toronto, ON. N6R 1B5**

(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:

**RFP# 2721323763 – Physicians Lounge Renovation**

(short description of the improvement)

to the above premises was substantially performed on **11/8/22**

(date substantially performed)

Date certificate signed: **November 9, 2022**



Digitally signed by Sara Dagovic  
Date: 2022.11.09 13:37:15-05'00'

(payment certifier where there is one)

**Unity Health Toronto, St.  
Joseph's Health Centre (SJHC)**

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

Name of owner: \_\_\_\_\_

Address for service: **30 The Queensway, Toronto, ON. M6R 1B5**

Name of contractor: **Icon Restoration Services Inc**

Address for service: **245 Marlee Ave. Toronto ON M6B 4B8**

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

Address: **400 University Ave. Suite 2200, Toronto ON M5G 1S5**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

**30 The Queensway, Toronto, ON. M6R 1B5**

(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)