

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 399 Bathurst Street, Toronto, Ontario M5T 2S8

(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:

TWH Fell Parking Garage Ventilation System Upgrades

(short description of the improvement)

to the above premises was substantially performed on **October 31, 2022**

(date substantially performed)

Date certificate signed: **December 5, 2022**

Smith and Andersen Consulting Engineering

Christie Pappas

(payment certifier where there is one)

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

Name of owner: **University Health Network**

Address for service: **R. Fraser Elliott Building, 1st Floor, 190 Elizabeth St., Toronto, ON M5G 2C4**

Name of contractor: **PCL Constructors Canada Inc.**

Address for service: **2201 Bristol Circle, Suite 500, Oakville, Ontario L6H 0J8**

Smith and Andersen Consulting

Name of payment certifier (where applicable): **Engineering**

Address: **1100-100 Sheppard Ave. East, Toronto, ON, M2N 6N5**

(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:

University Health Network (UHN)
R. Fraser Elliott Building, 1st Floor
190 Elizabeth St.
Toronto, ON
M5G 2C4

(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)