FORM 9 CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE CONTRACT UNDER SECTION 32 OF THE ACT

Construction Act

Toronto,	ON	
	(County/District/Regional Municipality/Town/C	ity in which premises are situated)
36 Quee	n St E, Toronto, ON M5B 1W8	
	(street address and city, town, etc., or, if there is no st	reet address, the location of the premises)
This is to	certify that the contract for the following improvement:	
Fire Sprin	nkler Design	
	(short description of the	improvement)
to the abo	ove premises was substantially performed on $\frac{2-23-22}{}$	·
	(date si	ubstantially performed)
Date certif	ficate signed: 9-16-22	
		Paul Flanagan Digitally signed by Paul Flanagan Date: 2022.09.16 09:58:55 -04'00'
(payment	t certifier where there is one - signature required)	(owner and contractor, where there is no payment certifier - signatures required)
Name of o	owner: Unity Health Toronto - St. Michael's Hos	pital
Address fo	or service: 36 Queen St E, Toronto, ON M5B 1V	V8
Name of c	contractor: Heritage Sprinkler Design Inc.	
Address fo	or service: 812 Superior St Lasalle, ON	
	payment certifier (where applicable): NORR Architec	ts
	North Tower, 175 Bloor St E 15th Floor, Toron	
		,
	s, whichever is appropriate)	
✓ A.	Identification of premises for preservation of liens:	
		s, a legal description of the premises,
		nbers and addresses for the premises)
☐ B.	Office to which claim for lien must be given to preserv	e lien:
	(if the lien does not attach to the premises, the name and addre	ess of the person or body to whom the claim for lien must be given)
	(LT) LT 56 E/S VICTORIA ST, 55 E/S VICTORIA ST, 5	54 E/S VICTORIA ST, 53 E/S VICTORIA ST, E/S VICTORIA ST, 48 E/S VICTORIA ST PL 22A TORON 22A TORONTO; UNNUMBERED LT AKA LT 7