

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

*Construction Act*

Toronto

(County/District/Regional Municipality/Town/City in which premises are situated)

200 Elizabeth Street, Toronto, ON M5C 2C4

(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:

Install 3-ton fan coil unit

(short description of the improvement)

to the above premises was substantially performed on 28-OCT-2022

(date substantially performed)

Date certificate signed: 05-Dec-2022

(payment certifier where there is one)



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

Name of owner: University Health Network

Address for service: 200 Elizabeth Street, Toronto, ON M5C 2C4

Name of contractor: Plan Group Inc

Address for service: 2740 Steeles Avenue West, Vaughan, ON L4K 4T4

Name of payment certifier (where applicable): \_\_\_\_\_

Address: \_\_\_\_\_

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

200 Elizabeth Street, Toronto, ON M5C 2C4

(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)