

Mr. Graham Waybrant St. Michael's Hospital 30 Bond Street Toronto, ON M5B 1W8

Re: St. Michael's Hospital - 61 Queen Street DCCP Reno Floors 8 and 9

Project File 1911039

Certificate of Substantial Performance

Dear Mr. Waybrant,

Please find enclosed a copy of the Certificate of Substantial Performance of the Contract (Form 9) dated January 25, 2023, in accordance with the Construction Act.

"The Contractor shall publish a copy of the Certificate of Substantial Performance once in a construction trade newspaper" which commences the lien period. Therefore, we require evidence of the publication together with your submittal for "release of holdback" which includes following:

- 1. Contractor's invoice release of holdback request.
- 2. Statutory Declaration.
- 3. WSIB Clearance Certificate.
- 4. Photocopy of the Certificate of Publication in a construction trade newspaper.

It is recommended you seek legal counsel familiar with jurisprudence as it relates to the Construction Act.

Sincerely,

B+H Architects Corp.

Christopher McQuillan, B.Arch., FRAIC, LEED AP

Principal

Enclosure

Cc. St. Michael's Hospital – Armiss Kerman

Chart Construction - Eric Shedden, Saurabh Tripathi

B+H Architects Corp. – Alkim Sonmezocak, Chris McQuillan, Roberto Mercado

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

Construction Act

(County/District/Regional Municipality/Town/City in which premises are situated)	······································
(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:	
(short description of the improvement)	
to the above premises was substantially performed on	
to the above premises was substantially performed on (date substantially performed)	
Date certificate signed:	
CM'Call	
(payment certifier where there is one) (owner and contractor, where there is no payment certifier	ier)
Name of owner:	
Address for service:	
Name of contractor:	
Address for service:	
Name of payment certifier (where applicable):	
Address:	
(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:	
(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 g	ven)