

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 Rehab Bickle Campus, 89 Close Ave, Toronto, M6K 2V2

(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:

Roam alert-Install new power supplies;Additional CAT6 cable run for 4000C & 18-2 cabling 4,296,4,101;CAT6&18/2 cable for Stair C level 3
(short description of the improvement)

to the above premises was substantially performed on January 30, ~~2022~~ 2023
(date substantially performed)

Date certificate signed: February 3, 2023

Lori Chong

UHN Project Manager, 03Feb2023

(payment certifier where there is one)

Ky Luu

Ky Luu (contractor)

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

Name of owner: University Health Network

Address for service: Toronto Rehab Bickle Campus, 89 Close Ave, Toronto, M6K 2V2

Name of contractor: Sure General Contractors Inc

Address for service: 215 Midwest Rd, Toronto, ON, M1P 3A6

Name of payment certifier (where applicable):

Address:

(Use A or B, whichever is appropriate)



A. Identification of premises for preservation of liens:

UHN-Toronto Rehab Bickle Campus, 89 Close Ave, Toronto, M6K 2V2

(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 given)