

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

Construction Act

County of York, City of Toronto

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

Toronto Western Hospital Fell Pavilion, 3rd Floor, 399 Bathurst Street, Toronto, ON

(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:

Neuromodulation Suite Fit Up to accomodate 0.5 T Synaptive MRI

(short description of the improvement)

to the above premises was substantially performed on April 20, 2023

(date substantially performed)

Date certificate signed: 2023-04-24



(payment certifier where there is one)

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

Name of owner: University Health Network, Toronto Western Hospital

Address for service: 399 Bathurst Street, M5T 2S8

Name of contractor: Dineen Construction (2017) Corporation

Address for service: 70 Disco Road, Suite 300, Toronto, ON M9W 1L9

Name of payment certifier (where applicable): Hanson + Jung Architects Inc.

Address: Suite 301, 477 Richmond Street West, Toronto, ON

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

LT 1-8 PL 121 TORONTO; LT 1-25 PL 1070 CITY WEST EXCEPT WA74053; LT 3 PL D1482 TORONTO EXCEPT WA95460; LT 65-77 PL D55 TORONTO EXCEPT PT 1 63R1149, EXCEPT WA95460 AND WA74053; LT A PL 1134 CITY WEST S/T WA80901; ROSEBERRY AV PL 1070 CITY WEST CLOSED BY

☐ WA73359, WA79895 AND WA83460; LANE PL 1070 CITY WEST CLOSED BY WA43208 AND WA83460; PT RESERVE PL 1070 CITY WEST AS IN WA74083 AND WA67877; PT PARK LT 18 CON 1 FTB TWP OF YORK AS IN OJ16988, OJ17043, OJ17136 AND OF26652; PT LT 22-23 PL 312 CITY WEST AS IN WA63225 AND WA67769, AS IN WA63225 AND WD98681;

CITY OF TORONTO;

TOGETHER WITH AN EASEMENT OVER PART 2 PLAN 66R24255 AS IN AT2127132

(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)