

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)

UHN, Toronto Western Hospital West Wing 3-438, 399 Bathurst St #505, Toronto, ON M5T 2S8

(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:

UHN - TWH Fell Elevator Modernization, 0930426

(short description of the improvement)

to the above premises was substantially performed on **March 8, 2023**

(date substantially performed)

Date certificate signed: **May 15, 2023**



(payment certifier where there is one)

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

Name of owner: **University Health Network**

Address for service: **R. Fraser Elliott Building, 1st Floor, 190 Elizabeth St., Toronto, ON, M5G 2C4**

PCL CONSTRUCTORS CANADA

Name of contractor: **INC. (TORONTO)**

Address for service: **2201 Bristol Circle, Unit 500, Oakville, ON L6H 0J8**

Name of payment certifier (where applicable): **HH Angus and Associates**

Address: **1127 Leslie St., Toronto, ON, M3C 2J6**

(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:

UHN, R. Fraser Elliott Building, 1st Floor, 190 Elizabeth St., Toronto, ON, M5G 2C4

(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)