

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 Western Hospital, 399 Bathurst St., Toronto, ON M5T 2S6

(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:

TWH Fell Wing 3rd and 6th Floor - L2 Bed Expansion

(short description of the improvement)

to the above premises was substantially performed on **April 28, 2023**

(date substantially performed)

Date certificate signed: **May 27, 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: **67 College Street, 2nd Floor, Toronto, ON M5G 2M1**

Name of contractor: **Sure General Contractors Inc.**

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

Name of payment certifier (where applicable): **H.H. Angus & Associates Ltd.**

Address: **1127 Leslie Street, Toronto, ON M3C 2J6**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Toronto Western Hospital, 399 Bathurst Street, Toronto, ON M5T 2S8

(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)