

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)

82 BUTTONWOOD AVENUE, 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:

RFP 208585 AIR HANDLING UNIT INSTALLATION

(short description of the improvement)

to the above premises was substantially performed on **MAY 11TH, 2023**
(date substantially performed)

Date certificate signed: **MAY 29TH, 2023**



Daniel Woods, Director of Engineering,
Extendicare (Canada) Inc,

(payment certifier where there is one)

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

Name of owner: **WEST PARK HEALTHCARE CENTRE**

Address for service: **82 BUTTONWOOD, AVENUE, TORONTO M6M 2J5**

Name of contractor: **NUTEMP MECHANICAL SYSTEMS LTD.**

Address for service: **UNIT#4, 3535 LAIRD ROAD, MISSISSAUGA, ONTARIO L5L 5Y7**

Name of payment certifier (where applicable): **EXTENDICARE**

Address: **3000 STEELES AVENUE EAST, MARKHAM ONTARIO L3R 4T9**

(Use A or B, whichever is appropriate)



A. Identification of premises for preservation of liens:

82 BUTTONWOOD, AVENUE, TORONTO M6M 2J5

(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)