

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

**Canada, Ontario, City of Toronto**

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

**30 Queensway- Toronto, M6R 1B5- St. Joseph's Hospital**

(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:

**Interior Alterations in East Wing, Level 3- Breast Clinic**

(short description of the improvement)

to the above premises was substantially performed on **June 27, 2023**

(date substantially performed)

Date certificate signed: **June 27, 2023**

Nilloofar Zarififar, OAA, DSAI



(payment certifier where there is one)

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

Name of owner: **St. Josephs Health Centre**

Address for service: **30 The Queensway, Toronro, M6R 1B5**

Name of contractor: **Chart Construction Management**

Address for service: **7681 Highway 27, Unit 11, Woodbridge, Ontario, L4L 4M5**

Name of payment certifier (where applicable): **Diamond Schmitt Architects Inc**

Address: **384 Adelaide Street West, Suite 100 Toronto, Ontario, Canada M5V 1R7**

(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:

**30 The Queensway, Toronro, M6R 1B5**

(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)