

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 General Hospital, 200 Elizabeth Street, Toronto, ON M5G 2C4

(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:

Scope of work includes lounge space renovation of TGH 3PMB Anesthesia Lounge Refresh

(short description of the improvement)

to the above premises was substantially performed on 22-September-2023

(date substantially performed)

Date certificate signed: _____

(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, Toronto, ON M5C 2M1

Name of contractor: Diligent Construction Inc.

Address for service: 1438 Wallace Road, Oakville ON L6L 2Y2

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

21341-0158 (LT) LT 7 PL 1147 CITY WEST; TORONTO, CITY OF TORONTO

(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)