

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

Construction Act

.....
City of Mississauga

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

.....
2200 Eglinton Avenue West Mississauga, ON L5M 2N1

(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:

Load bank and Temporary Generator Connection Box

.....
(short description of the improvement)

to the above premises was substantially performed on ... July 20, 2023.

(date substantially performed)

Date certificate signed: Oct 05, 2023

H.H Angus and Associates Ltd.

.....
(payment certifier where there is one)

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

Name of owner: Trillium Health Partners

Address for service: 2200 Eglinton Avenue West Mississauga, ON L5M 2N1

Name of contractor: Plan Group Ltd.

Address for service: 2200 Eglinton Avenue West Mississauga, ON L5M 2N1

Name of payment certifier (where applicable): H.H Angus and Associates

Address: 1127 Leslie Street, Toronto, Ontario, M3C 2J6

(Use A or B, whichever is appropriate)

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A. Identification of premises for preservation of liens:

Trillium Health Partners
2200 Eglinton Avenue West
Mississauga, ON L5M 2N1

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.....
(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)