

**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 2S8

(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:

Main & McLaughlin Domestic Cold Water Upgrades at the Toronto Western Hospital

(short description of the improvement)

to the above premises was substantially performed on September 18, 2023

(date substantially performed)

Date certificate signed: November 17, 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, 2<sup>nd</sup> Floor, Toronto, ON, M5G 2M1

Name of contractor: PCL Constructors Canada Inc.

Address for service: 2201 Bristol Circle, Suite #500, Oakville, ON, L6H 0J8

Name of payment certifier (where applicable): Turner & Townsend

Address: 2 St. Clair Avenue West, Floor 12, Toronto, ON, M4V 1L5

(Use A or B, whichever is appropriate)

- ☒ A. Identification of premises for preservation of liens:  
**21236-0116 (LT) being: LT 1-8 PL 121 TORONTO; LT 1-25 PL 1070 CITY WEST EXCEPT WA74053; LT 3 PL D1482 TORONTO EXCEPT WA95460; LT 65-77 PL D55 TORONTO EXCEPT PT 1 63R1149, EXCEPT WA95460 AND WA74053; LT A PL 1134 CITY WEST S/T WA80901; ROSEBERRY AV PL 1070 CITY WEST CLOSED BY WA73359, WA79895 AND WA83460; LANE PL 1070 CITY WEST CLOSED BY WA43208 AND WA83460; PT RESERVE PL 1070 CITY WEST AS IN WA74083 AND WA67877; PT PARKLT 18 CON 1 FTB TWP OF YORK AS IN OJ16988, OJ17043, OJ17136 AND OF26652; PT LT 22-23 PL 312 CITY WEST AS IN WA63225 AND WA67769, AS IN WA63225 AND WD98681; CITY OF TORONTO; TOGETHER WITH AN EASEMENT OVER PART 2 PLAN 66R24255 AS IN AT2127132**

(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)