

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

*Construction Act*

**Canada, Ontario, City of Toronto/ East York**

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

**825 Coxwell Avenue, Toronto/ East York, ON M4C 3E7**

(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:

**Michael Garron Hospital- Intensive Care Unit Renovations**

(short description of the improvement)

to the above premises was substantially performed  
on

**November 27, 2023**

(date substantially performed)

Date certificate signed: **December 8, 2023**

Nilloofar Zarififar, DSAI



(payment certifier where there is one)

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

Name of owner: **Michael Garron Hospital**

Address for service: **825 Coxwell Avenue, Toronto/ East York, M4C 3E7**

Name of contractor: **Gen-eer Construction Limited**

Address for service: **Unit 2, 39 Churchill Drive, Barrie, ON L4N 8Z5**

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:

**825 Coxwell Avenue, Toronto/ East York, M4C 3E7**

(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)