

**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)

**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:

**UHN - TORONTO WESTERN HOSPITAL - MAIN PAVILION MASONRY WALL REPAIRS**

(short description of the improvement)

to the above premises was substantially performed on **NOVEMBER 30, 2023**

(date substantially performed)

Date certificate signed: **JANUARY 30, 2024**

**Scott LeClair,**



(payment certifier where there is one)

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

Name of owner: **UNIVERSITY HEALTH NETWORK**

Address for service: **399 BATHURST ST., TORONTO, ON M5T 2S8**

**PCL CONSTRUCTORS CANADA**

Name of contractor: **INC.**

Address for service: **2201 BRISTOL CIRCLE, SUITE 500, OAKVILLE, ON L6H 0J8**

Name of payment certifier (where applicable): **ENTUITIVE CORPORATION**

Address: **200 UNIVERSITY AVE, 7TH FLOOR, TORONTO, ON M5H 3C6**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**399 BATHURST ST., TORONTO, ON M5T 2S8**

(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)