

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

Construction Act

Toronto, Ontario

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

200 Elizabeth Street, Toronto, ON

(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:

PM Consolidate Health Records Staff

(short description of the improvement)

to the above premises was substantially performed on June 21, 2024

(date substantially performed)

Date certificate signed: June 26, 2024

N/A

(payment certifier where there is one)

 

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

Name of owner: Princess Margaret Hospital

Address for service: 200 Elizabeth Street, Toronto, ON

Name of contractor: Sure General Contractors Inc.

Address for service: 215 Midest Road, Toronto, Ontario, M1P 3A6

Name of payment certifier (where applicable): _____

Address: _____

(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:

Princess Margaret Hospital, 200 Elizabeth Street, Toronto, ON

(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)