

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

Construction Act

City of Toronto

.....
(County/District/Regional Municipality/City in which premises are situate)

University Health Network - Bickle Rehab Centre: 130 Dunn Avenue, Toronto ON M6K 2R7

.....
(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:

Elevator Modernization at Bickle Rehab Centre, Toronto ON (Service Elevators 1 & 6, Passenger Elevators 2-5)

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

to the above premises was substantially performed on August 10, 2020

.....
(date substantially performed)

Date certificate signed: August 17, 2020



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

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

Name of Owner: **University Health Network**

Address for service: **Bickle Rehab Centre: 130 Dunn Avenue, Toronto ON M6K 2R7**

Name of Contractor: **GEN-EER Construction Limited**

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

Name of payment certifier (where applicable): **Catherine Grammatikos**

Address: **KJA Consultants Inc. – 120 Adelaide Street West, Unit 1020, M5H 1T1**

(Use A or B whichever is appropriate)

A. Identification of premises for preservation of liens:

Bickle Rehab Centre: 130 Dunn Avenue, Toronto ON M6K 2R7

.....
(if a lien attaches to the premises, a legal description of the premises,
including all property identifier numbers and addresses of the premises)

B. Office to which claim for lien and affidavit 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 the lien must be given)