

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)

30 The Queensway, Toronto, ON M6R 1B5

(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:

Repair of Morrow and East Plumbing

(short description of the improvement)

to the above premises was substantially performed on October 9, 2020

(date substantially performed)

Date certificate signed: Oct 23rd/2020

(payment certifier where there is one - signature required)

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

Name of owner: St. Joseph's Health Center

Address for service: 30 The Queensway, Toronto, ON M6R 1B5

Name of contractor: Compass Construction Resources

Address for service: 2700 Dufferin St, York, ON M6B 4J3

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

St. Joseph's Health Center: Part of Lot 35, Concession 1 from the Bay All of Lot 1 in Block G

(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, the name and address of the person or body to whom the claim for lien must be given)