

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

Construction Act

Scarborough, Toronto

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

2920 Lawrence Ave. E, Scarborough, ON M1P 2T8

(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:

to provide all labour, materials, tools, equipment and supervision required to complete the Bendale Acres SC1 and SC2 Replacement

(short description of the improvement)

to the above premises was substantially performed on **2020-12-15**

(date substantially performed)

Date certificate signed: **2020-12-15**

(payment certifier where there is one)

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

Name of owner: **City of Toronto - Senior Services
and Long-Term Care Homes**

**Seniors Services and Long-Term Care (Union Station) c/o 55 John Street, Toronto ON
M5V 3C6 City of Toronto**

Address for service: **2920 Lawrence Ave. E, Scarborough, ON M1P 2T8**

Name of contractor: **Rossclair Contractors Inc.**

Address for service: **59 Comstock Road, Suite 1, Toronto, ON M1L 2G6**

Montgomery Sisam Architects

Name of payment certifier (where applicable): **Inc.**

Address: **197 Spadina Avenue, Suite 301, Toronto, Ontario, M5T 2C8**

(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:

**Claims for Lien are to be submitted to the Clerk of the City of Toronto electronically as directed at
www.toronto.ca/liens.**

(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)