

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

*Construction Act*

Toronto

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

347 Rumsey Road, East York

\_\_\_\_\_  
(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:

Running Track Leakage Repairs

\_\_\_\_\_  
(short description of the improvement)

to the above premises was substantially performed on November 16, 2020  
(date substantially performed)

Date certificate signed: November 16, 2020



\_\_\_\_\_  
(payment certifier where there is one - signature required)

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

Name of owner: University Health Network

Address for Service: 190 Elizabeth Street, Toronto ON M5G 2C4

Name of Contractor: Maxim Group General Contracting Limited

Address for Service: 56 Gordon Collins Dr, Gormley ON, L0H 1G0

Name of payment certifier (where applicable): Sense Engineering Ltd.

Address: 10 Greensborough Village Circle, Unit 15, Markham ON L6E 1M4

(Use A or B, whichever is appropriate)

- A. Identification of premises for preservation of liens:  
PT LT 2 CON 2 EYS TWP OF YORK; PT LT 3 CON 2 EYS TWP OF YORK AS IN NY385308 S/T & T/W NY385308; 1 FT RESERVE PL  
3110 LEASIDE; S/T NY634825, NY654860; TORONTO (E YORK/N YORK), CITY OF TORONTO

\_\_\_\_\_  
(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)