

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

Construction Act

SCARBOROUGH

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

3276 St. Clair Ave. East

(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:

Providence Healthcare - B Wing Chiller Replacement

(short description of the improvement)

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

(date substantially performed)

Date certificate signed: January 11, 2021

(payment certifier)

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

Name of owner: Unity Health - Toronto

Address for service: 3276 St. Clair Ave. East, Scarborough, ON M1L 1W1

Name of contractor: Black & McDonald Limited

Address for service: 31 Pullman Court, Scarborough, ON M1X 1E4

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

Address: 2255 Sheppard Ave. East Suite E-331, North York, ON M2J 4Y1

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Providence Healthcare - 3276 St. Clair Ave. East, Scarborough, ON M1L 1W1

(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)