

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

*Construction Act*

**City of Markham**

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

**381 Church Street, Markham, ON L3P 7P3**

(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:


**Markham Stouffville Hospital - Building A on Level 1 & 2 for New Fracture Clinic**

(short description of the improvement)

to the above premises was substantially performed on **October 28, 2020**

(date substantially performed)

Date certificate signed: **January 14, 2021**



(payment certifier where there is one)

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

Name of owner: **Markham Stouffville Hospital**

Address for service: **381 Church Street, Markham, ON L3P 7P3**

Name of contractor: **Torbear Contracting Inc.**

Address for service: **144 Woodstream Blvd., Woodbridge, ON L4L 7Y3**

Name of payment certifier (where applicable): **B+H Architects Corp.**

Address: **320 Bay Street, Suite 200, Toronto, ON M5H 4A6**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**PLAN: CONC 9 PT LOT 12 PL 65R22401 PT 1**

(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)