

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)

10 Gateway Boulevard, Unit 100B, North York, ON, M3C 3A1

(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:

Interior alterations of existing reception and waiting area

(short description of the improvement)

to the above premises was substantially performed
on

January 19 , 2021

(date substantially performed)

Date certificate
signed:

January 20 , 2021

Sasha Stairs, Hilditch Architect Inc.



(payment certifier where there is one)

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

Name of
owner:

Flemingdon Health Centre

Address for
service:

10 Gateway Boulevard, Unit 100B, North York, ON, M3C 3A1

Name of
contractor:

J.C Kneider & Associates Ltd.

Address for
service:

4 Albertus Ave., Toronto, ON, M4R 1J4

Name of payment certifier (where
applicable):

Hilditch Architect Inc.

Address
s:

401 Richmond Street W, Suite 139, Toronto, ON M5V 3A8

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

10 Gateway Boulevard, Unit 100B, North York, ON, M3C 3A1

(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)