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**Frank Pellegrino
General Contracting Ltd.**

Fax

To: Daily Commercial News

Attn:

Fax: (905) 752-5450

Pages: 1+1

Phone: (905) 752-5516

Date: March 1, 2021

Re: Certificate of Substantial Performance for
Accessibility Upgrades at Birchmount Works
Yard

CC:

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Please find attached the Certificate of Substantial Performance issued by Julie Mitches Architect for Accessibility Upgrades at Birchmount Works Yard.

Please publish in the Daily Commercial News as soon as possible.

Thank you,
Soma Nada
Project Manager



CITY OF TORONTO

PARKS, FORESTRY AND RECREATION DIVISION

Metro Hall, 55 John Street, 24th Floor, Toronto, Ontario M5V 3C6

Refer: Mabruck Mengele

Fax No.: (416) 395-7886

Telephone No.: (416) 392-1927

Construction Act

FORM 9

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

CITY OF TORONTO

(County/District or Regional Municipality/City or Borough of
Municipality of Metropolitan Toronto in which premises are situated)

Birchmount Works Yard, 101 Ridgetop Road, Toronto, Ontario

(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:

CONTRACT # _____ **P.O. # 6050007: Accessibility Upgrades at Birchmount Works Yard**

(short description of the improvement)

to the above premises was substantially performed on _____

February 25, 2021

(date substantially performed)

Date Certificate signed: _____

February 27, 2021

Peter T. Mitches & Associates Limited

Per: _____

Julie Mitches

Julie Mitches, P. Eng.

(payment certifier where there is one)

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

Name of Owner: _____

City of Toronto

Address for Service: _____

Metro Hall, 55 John Street, 24th Floor, Toronto, ON M5V 3C6

Name of Contractor: _____

Frank Pellegrino General Contracting Ltd.

Address for Contractor: _____

3011 Markham Road, Unit 1, Toronto, Ontario M1X 1L7

Name of Payment Certifier: _____

Peter T. Mitches & Associates Limited

(Where applicable)

Address: _____

2680 Matheson Blvd. East, Suite #102, Mississauga, ON L4W 0A5

(Use of A or B whichever is appropriate)

A. Identification of premises for preservation of liens:

(Where liens attach to premises, reference to lot and plan or instrument registration number)

B. Office to which claim for lien and affidavit must be given to preserve lien: (where the Crown is owner of the premises, i.e. public street or highway).

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

(Where liens do not attach to premises)