

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)

399 Bathurst St, Toronto Western Hospital, Toronto, Ontario M5T 2S8

(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:

Broadloom Replacement Project

(short description of the improvement)

to the above premises was substantially performed on Feb 26, 2021
(date substantially performed)

Date certificate signed: March 9, 2021

Carmine Di Biase, Project Planner, UHN-FM PRO and Manny Furtado, Furcon Environmental Inc.

(payment certifier where there is one)

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

Name of owner: University Health Network

Address for service: 190 Elizabeth Street, Toronto Ontario, M5G 2C4

Name of contractor: Furcon Environmental Inc.

Address for service: 2495 Haines Road Mississauga, ON, L4Y 1Y7

Name of payment certifier (where applicable):

Address:

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

399 Bathurst St, Toronto Western Hospital, Toronto, Ontario M5T 2S8

(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)