

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.

(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:

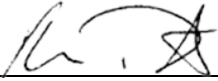
TWH - DAY SURGERY AIR HANDLING UNIT REPLACEMENT

(short description of the improvement)

to the above premises was substantially performed on **JANUARY 19, 2021**

(date substantially performed)

Date certificate signed: **FEBRUARY 1, 2021**



(payment certifier where there is one)

Andrew Pratt, P. Eng. Crossey Engineering Ltd.

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

Name of owner: **UNIVERSITY HEALTH NETWORK**

Address for service: **700 BAY ST. SUITE 700, TORONTO, ON., M5G 1Z6**

Name of contractor: **VANGUARD MECHANICAL INC.**

Address for service: **27 METEOR DR., TORONTO, ON., M9W 1A3**

Name of payment certifier (where applicable): **CROSSEY ENGINEERING LTD.**

Address: **2255 SHEPPARD AVE. E. SUITE E-331, TORONTO, ON., M2J 4Y1**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

399 BATHURST ST., TORONTO, ON., 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)