

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

Construction Act

Toronto, ON

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

3560 Bathurst St. North York, ON M6A 2E1

(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:

Baycrest AHU S5, S6 & S8 Replacement

(short description of the improvement)

to the above premises was substantially performed on **2021-10-08**

(date substantially performed)

Date certificate signed: **2021-10-08**



(Payment certifier where there is one)

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

Name of owner: **Baycrest Centre for Geriatric Care**

Address for service: **3560 Bathurst St. North York, ON M6A 2E1**

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

Address for service: **2 BALES DRIVE WEST, SHARON, ON L0G 1V0**

Name of payment certifier (where applicable): **H.H. Angus & Associates Ltd.**

Address: **1127 Leslie Street Toronto, ON M3C 2J6**

(Use A or B, whichever is appropriate)

- A. Identification of premises for preservation of liens:
Baycrest Hospital, parcel register (PIN) 10216-0398 and The Jewish Home for the Aged, parcel register 10216-0401

(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, a concise description of the premises, including addresses,
and the name and address of the person or body to whom the claim for lien must be given)