

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

City of Mississauga

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

2200 Eglinton Avenue West, Mississauga, ON L5M 2N1

(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:

Biomedical Engineering Renovation - Trillium Health Partners, Credit Valley Hospital

(short description of the improvement)

to the above premises was substantially performed on **September 14, 2020**

(date substantially performed)

Date certificate signed: **September 14, 2020**



(payment certifier where there is one)

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

Name of owner: **Trillium Health Partners**

Address for service: **2200 Eglinton Avenue West, Mississauga, ON L5M 2 N1**

Newgen Construction

Name of contractor: **Corporation**

Address for service: **2601 Matheson Blvd E, Suite 13, Mississauga, ON L4W 5A8**

Name of payment certifier (where applicable): **HDR Architecture Associates Inc.**

Address: **255 Adelaide Street West, Toronto, ON M5H 1X9**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Con 2 NDS Pt Lts 14, 15 PL 1003, 43R10237 Pts 1,3

(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)