

December 16, 2024

23-0102-00

Smid Construction Limited  
460 Finley Ave Unit 2  
Ajax, ON L1S 2E3

**Attention:** Patricia Adriano, Project Manager

**Re: 20 Burkebrook Place, Toronto, ON**  
**Garage Roof Slab Re-Waterproofing at Fire Route and Garbage/Moving Areas**  
**Substantial Performance**

Dear Patricia:

Please find enclosed the Certificate of Substantial Performance for the above noted project. Please provide the following information prior to submitting the release of holdback:

1. Proof of publication in the Daily Commercial News;
2. All warranty papers for the work;
3. WSIB Clearance Certificate; and
4. Statutory Declaration for the release of holdback.
5. Concrete Test Results
6. Documented Proof of Deficiency Items Completed via Photographs (i.e. damaged flashing, stained concrete).

We trust this is the information you require at this time. Should you have any questions or concerns please do not hesitate to contact us.

Regards,  
**Engineering Link Incorporated**

*Naomi Park*

Per: Naomi Park, B.Sc.  
Building Science Specialist  
b: 416-599-5465 x 139  
c: 905-441-5026  
e: [Naomi.P@englink.ca](mailto:Naomi.P@englink.ca)

*V. Maleev*

Vladimir Maleev, M.Eng., P.Eng., BSS  
Partner  
b: 416-599-5465 x 164  
c: 416-272-7350  
e: [Vladimir.M@englink.ca](mailto:Vladimir.M@englink.ca)

To: Patricia Adriano [patricia@smid.ca](mailto:patricia@smid.ca)  
Cc: Kimberly Sinclair [KilgourEstate1.on@fsresidential.com](mailto:KilgourEstate1.on@fsresidential.com)

**Certificate Of Substantial Performance  
Of The Contract Under Section 32 Of The Act**

Construction Lien Act

East York, Ontario

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*(County/District/Regional Municipality/Town/City in which premises are situated)*  
20 Burkebrook Pl., Toronto, ON M4G 0A7

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*(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:

Garage Roof Slab Re-Waterproofing  
Fire Route and Garbage/Moving Areas

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*(Short Description of the Improvement)*

To the above premises was substantially performed on:

December 11, 2024

*(Date Substantially Performed)*

Date Certificate Signed: December 16, 2024

*Naomi Park*

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*(Payment Certifier Where There is One)*

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*(Owner and Contractor, Where There is No Payment Certifier)*

Name of Owner:

Board of Directors of TSCC No. 1849  
c/o Crossbridge Condominium Services Ltd.

Address for Service:

20 Burkebrook Place, Toronto, ON M4G 0A1

Name of Contractor:

Smid Construction Limited

Address for Service:

460 Finley Ave Unit 2, Ajax, ON L1S 2E3

Name of Payment Certifier *(where applicable)*:

Engineering Link Incorporated

Address:

375 University Ave Suite 901, Toronto, ON M5G 2J5

*(Use A or B, whichever is appropriate)*

A. Identification of premises for preservation of liens:

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*(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:

Board of Directors of TSCC No. 1849 c/o Crossbridge Condominium Services Ltd.  
20 Burkebrook Place, Toronto, ON M4G 0A1

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*(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)*