

CERTIFICATE OF CONFORMANCE

TO: City of Toronto 100 Queen St. W Toronto, ON ATTN: Chief Building Official	PROJECT INFORMATION: Triovest Model Suites 2 Bloor Street West, 19 th Floor, Toronto, ON
BUILDING PERMIT NUMBERS: 24 117329 BLD 02 BA 24 117329 HVA 02 MS 24 117392 PLB 00 PS	PROJECT NUMBER 24-8007
	DATE OF ISSUE 09 APRIL, 2025

This letter is to confirm that we have completed periodic reviewed of the architectural work of the above-mentioned project with final conformance review on April 11th, 2025.

Based on these reviews we advise here within that the architectural work performed is in conformance with the intent of the drawings and specifications prepared by our office and in accordance with all applicable building and safety codes and as per the reviewed permit drawings as approved by the City of Toronto.

FIRM BCIN #30635

PREPARED BY BENNETT DESIGN 	CC: GB: Peter Dudek, Triovest: Korey Tobias, Marco Orla, Lily Ho IAI: Gianluca Leraci, Quyen Huynh, Michael Ianuzziello BAI: Adam Brander BDA: Sara Brown
SIGNATURE: STEPHANIE HUTTON	



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

Construction Act

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

2 Bloor West, 29th Floor Toronto, ON

(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:

Interior alteration, create open ceiling & revised card reader to access suite 2901.

(short description of the improvement)

to the above premises was substantially performed on April 11, 2025

(date substantially performed)

Date certificate signed: April 15, 2025

(payment certifier where there is one - signature required)

Stephanie Hutton

Digitally signed by Stephanie Hutton
DN: C=CA, E=s.hutton@bennettdesign.ca,
O=Bennett Design Associates, OU=Interior Design,
CN=Stephanie Hutton
Date: 2025.04.15 16:31:27-04'00'

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

Name of owner: 2 Bloor Inc.

Address for service: 2 Bloor St. West, Toronto ON M4W 3E2

Name of contractor: Jesslin Group

Address for service: 200 Cochrae Drive, Units 1-2, Markham ON L3R 8E7

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

2 Bloor West, 29th Floor, Toronto ON M4W 3E2

(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)