Electrical Safety Authority
For Your Safety
400 Sheldon Drive, Unit 1
Cambridge, Ontario, N1T 2H9

Phone 1-877-ESA-SAFE (372-7233)
Fax: 1-800-667-4278
esa.Cambridge@electricalsafety.on.ca

APARTMENT & RETIREMENT HOME - Notification & Fee Estimate

Date: _____
ESA Account #: _____
ECRA/ESA Lic #: _____

I confirm that the information provided in this form is true, complete and accurate.
Name: _____ **Signature:** _____

Ready for:	Will Notify
	*Rough-In
	*Service
	*RI & Service
	*Disconnect
	*Trench
	*Grounding
	*Final

***Ready Date**

Payment Method

- ☐ **Charge to ESA Account** — **Credit Card**
  - ☐ ESA account customer - provide the last 4 digits of the card saved on file _____
  - ☐ One-time / non-account customer - must call **877-ESA-SAFE (372-7233),** Mon-Fri 7:00AM-4:30PM
- ☐ **Cheque / Money Order**

Applicant Information

Name _____ Unit/Suite _____
Address _____ City _____ Prov/State _____
Country _____ Postal Code _____ Ph# _____ Email _____

Site Information

PO/Job #

Site Name _____ Unit(s) _____
Civic # _____ Street _____ City/Town _____
If street is a numbered Regional Rd, County Rd, or Hwy - provide the alternate street name (if appl) _____
Main Intersection: _____ **Water Travel Required?** Yes ☐

Work Contact - this notification will be returned if a Work Contact name & cell phone or email address are not provided
Name _____ Cell Ph _____ Email _____

What's Included in the "Per Unit" Apartment Fee

Common and parking areas are included in the unit fee for new builds and renovations; additional fees apply for these installations:

1. Mechanical equipment:	Note the details in the table below
2. Pools, hot tubs, saunas:	Complete the Pools section below
3. HV/outlying equipment:	Submit the applicable HV or LV ICIA Notification
4. Commercial / Retail areas:	Submit the applicable HV or LV ICIA Notification
5. Renewable energy:	Submit the Renewable Energy <=10kW Notification

New Structures (4.1.3)

Indicate # of apartment units with:
1-80 Outlets (R091) _____
81+ Outlets (R092) _____ **Qty of Devices:**
+ fees for Electric Vehicle (EV) Chargers (R078) _____
+ fees for Dialysis Machine receptacles (C018) _____

Renovations to Existing Apartment Buildings and Apartment Units (4.2.2)

Renovations to Apartment Units (4.2.2)

Record the number of units being renovated in each category and specify the work details in the table below

	With 1-3 Outlets/Panels	With 4-9 Outlets/Panels	With 10-40 Outlets/Panels	With 41+ Outlets/Panels
(R016 1st 4 units)	(R069)	(R017)	(R018)	(R094)

Work in common areas is included in the unit fee; if work occurs in common areas at the same time as the unit renovations, please note the details in the Comments below so it is included on your Certificate. If work is limited to the common areas ONLY, please submit on the LV ICIA Notification.

Apartment Building Upgrade (4.2.2.1)

Use this section when the same upgrade is being made in multiple apartment units at the same time, i.e. sub-metering conversion, or replacing baseboard heaters, or installing fire alarm devices, etc.

# of units _____ (R070)
Specify: _____

See the Retrofitted Luminaires Notification if the work involves changing luminaires from the approved design by use of approved retrofit kits; or by changing the components to convert them into more efficient or into different kinds of luminaires.

Please specify quantity of each type of device in each apartment unit being renovated (attach an additional page if more space is required for additional units)

Unit/Suite #	Outlets	Fixtures	Switches	Fire Alarm/ Security Devices	Baseboard Heaters	Fans	Dish-washer (lic)	Power Outlets	Range-hood (lic)	Sub-Panel	TOTAL (Sums based on inputs)	Infloor Heat	Jacuzzi Tub	A/C	Furnace	Water Heater	Dialysis Receptacle (C018)	EV Charger (R078)
Common Areas incl at same time as unit renovations																		

Trench / Overhead Lines / Poles (5.4.2, 5.4.1)

Underground Secondary Line (trench) (C050) _____
Trench inspected at the same time as other work? Yes C049 ☐ No C050 ☐
Primary/Secondary Poleline (# of Poles) (C044) _____

Pools, Hot Tubs & Saunas (4.5, 4.4.1)

Indicate all that apply:
Hot Tub (R012) _____ Indoor Pool ____ Inground Pool ____ Sauna _____
Bonding only of Pool (R013) _____ Pool Equipment only (R013) _____

Driving Directions / Comments / Additional Work Details

Fee Estimate incl HST

By submitting personal information to the Electrical Safety Authority, or its agents and service providers, you agree that ESA may collect, use and disclose such personal information in accordance with its privacy policy, applicable laws or pursuant to our administrative agreement with the Province of Ontario. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com