

Deviation Request Form

Please complete all sections and submit by email.



Date: _____ Notification/Plan Review #: _____

Applicant Information

Name: _____ Email: _____
Company Name: _____
Street Address: _____ City: _____ Postal Code: _____
Contact Number Work: _____ Cell: _____ PO #: _____
ESA/ECRA Lic. #: _____ Account #: _____

Site Information

Site Name: _____
Street Address: _____ City: _____ Postal Code: _____
Type of Building: _____ Project Type: _____ Year bldg. constructed: _____
Service Voltage: _____ Service Amps: _____ Service Type: _____
Owner/Tenant Name: _____ Signature: _____
Owner Address: _____ City: _____ Postal Code: _____

Details of Deviation Request

OESC Rule Number(s): _____
Section – Rule #

Description of Deviation:

Reason and Circumstance for Deviation:

Alternative Measures Proposed to Satisfy Code Intent:

Further Documentation Attached: Yes No

I declare that the above statements are true and accurate to the best of my knowledge, information, and belief.

Applicant
Signature: _____

Date: _____

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 information on behalf of another individual, you represent that you have all the necessary authority and/or have obtained all necessary consents from such individuals 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: ESAsafe.com.