



400 Sheldon Drive, Unit 1
Cambridge, Ontario, N1T 2H9

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

HIGH VOLTAGE, SUBSTATION & POLELINE

Date: _____ ESA Account #: _____ ECRA/ESA Lic #: _____	<input type="checkbox"/> I confirm that the information provided in this form is true, complete and accurate. Name: _____ Signature: _____	Ready for: <input type="checkbox"/> Will Notify <input type="checkbox"/> *Rough-In <input type="checkbox"/> *Service <input type="checkbox"/> *RI & Service <input type="checkbox"/> *Disconnect <input type="checkbox"/> *Trench <input type="checkbox"/> *Grounding <input type="checkbox"/> *Final *Ready Date: _____																																				
Payment Method																																						
<input type="checkbox"/> Charge to ESA Account <input type="checkbox"/> Cheque / Money Order <small>Call 877-372-7233 to discuss fees; attach the cheque / money order to the completed form and mail to the address noted above.</small>	<input type="checkbox"/> Credit Card ESA account customer - provide the last 4 digits of the card saved on file _____ One-time / non-account customer - DO NOT submit this form to pay by credit card. To comply with Credit Card Payment security requirements, you must file your notification with ESA by phone; please call 877-ESA-SAFE (372-7233), Mon-Fri 7:00AM-4:30PM. Your inspection may be delayed if you submit this form with a credit card payment.																																					
Applicant Information - please provide a complete mailing address																																						
Name _____ Unit/Suite _____ Address _____ City _____ Prov/State _____ Country _____ Postal Code _____ Ph# _____ Email _____		PO/Job # _____																																				
Site Information																																						
Please Indicate: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Apartment <input type="checkbox"/> Residential Site Name _____ Civic # _____ Street _____ City/Town _____ <small>If street is a numbered Regional Rd, County Rd, or Hwy - provide the alternate street name (if appl)</small> Phase _____ Block _____ Building _____ Floor _____ Unit/Suite _____ Sub Div Lot _____ Main Intersection: _____ Water Travel Required? Yes <input type="checkbox"/>																																						
Work Contact - applicant's representative; this notification will be returned if a Work Contact name & cell phone / email address are not provided First & Last Name _____ Cell Ph _____ Email _____																																						
High Voltage Service (>750 Volts) (5.1.1, 5.1.2)	Substation Maintenance* (5.1.5)																																					
HV Service - Metal Enclosed(C001) _____ Qty \$ _____ HV Service - Open (C002) _____ Qty \$ _____	Open Air (C005) _____ Qty _____ Date \$ _____ TLO (C063) _____ Qty _____ Date \$ _____ Metalclad (C064) _____ Qty _____ Date \$ _____ Indoor (C065) _____ Qty _____ Date \$ _____ <small>*Note: Maintenance includes minor work and like-for-like replacements only. Major repairs and equipment replacements are filed separately. Please indicate all major repair/replacement items:</small>																																					
HV Switches, Breaker, etc. (5.1.3)																																						
Metal Enclosed switchgear (C003) _____ Qty Generator switchgear (C003) _____ Qty Capacitor controller (C003) _____ Qty Open fused switch (C003) _____ Qty	Additional cubicles (C004) _____ Qty Transfer switch (C004) _____ Qty Motor controller (C003) _____ Qty \$ _____																																					
HV Equip (5.1.3) - Transformers/Motors/Generators/Capacitor Banks, etc																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Volt</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>(C024)</td></tr> <tr> <td>HP</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>KVA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Qty</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$</td></tr> </table>	Volt								(C024)	HP									KVA									Qty								\$		
Volt								(C024)																														
HP																																						
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Describe: _____ Grounding - padmount, station ground, fence ground (C052) Hrs _____ \$ _____																																						
Replacement / Relocation of HV Components (C047)																																						
<small>Indicate quantities of each:</small> _____ Insulators (C046) _____ Lightning/surge arresters _____ Cable stress cones \$ _____ _____ Cable splices _____ Transformer bushings _____																																						
Trench / Overhead Lines / Poles (5.4.2, 5.4.1)																																						
Underground Primary Lines - Trench/Duct Bank (C050) _____ Qty Underground Secondary Lines (trench C050) _____ Qty Primary/secondary Overhead Lines - # of Poles _____ Qty Is it being inspected at the same time as other work? <input type="checkbox"/> No																																						
Consultation (MI05)																																						
_____ Hrs \$ _____																																						
Driving Directions / Comments / Additional Work Details		Fee Estimate incl HST																																				

*See 2025 Wiring Fee Guide for details Form 1435A (04/25) Fees may change pending a site visit.