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Cambridge, Ontario, N1T 2H9

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RENEWABLE ENERGY 10kW OR LESS - Notification & Fee Estimate

For Renewable Energy Installations > 10KW, please submit Plan Review to the Plan Review Department

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 _____
Payment Method	
<input type="checkbox"/> Charge to ESA Account <input type="checkbox"/> Cheque / Money Order	Credit Card <input type="checkbox"/> ESA account customer - provide the last 4 digits of the card saved on file with ESA _____ <input type="checkbox"/> One-time/non-account customer - must call 877-ESA-SAFE (372-7233) , Mon-Fri 7:00AM-4:30PM to pay by credit card
Applicant Information (Full Mailing Address)	
Name _____ Address _____ Unit/Suite _____ City _____ Prov/State _____ Country _____ Postal Code _____ Phone _____ Email _____	
Site Information (Property to be Inspected)	
Please indicate: <input type="checkbox"/> Residential <input type="checkbox"/> Apartment <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural	
Name _____ Civic # _____ Street _____ <small>Note alternate street name if street is a #d Regional Rd, County Rd, Hwy:</small>	
Phase _____ Block _____ Building _____ Floor _____ Unit/Suite _____ Sub Div Lot _____ City/Town _____ Twp/Region _____	
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 or email address are not provided	
First & Last Name _____ Cell Ph _____ Email _____	
Project Owner Information (if different than Site Information)	
Name _____ Address _____ Unit/Suite _____ City _____ Prov/State _____ Country _____ Postal Code _____ Phone _____ Email _____	
Installation Details	
OPA Reference # (for microFIT) _____ <u>Energy Source</u> <input type="checkbox"/> Solar <input type="checkbox"/> Wind Other (specify) _____ Please indicate quantity: Solar Panels/Turbines _____ Rectifiers _____ Batteries _____ Inverters _____ Combiner Boxes _____ Other _____ Panelboards _____ Disconnects _____	<u>Generation purpose</u> Project Capacity _____ kW Inverter Capacity _____ kW microFIT Meter connection _____ Parallel <input type="checkbox"/> microFIT <input type="checkbox"/> Net Metering <input type="checkbox"/> Neither Does this application include branch circuit wiring? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, are batteries installed upstream of the generation meter? <input type="checkbox"/> No <input type="checkbox"/> Yes
Driving Directions/Comments/ 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.esa.on.ca

See 2020 Wiring Fee Guide for details Form 1407A (07/20) Fees may change pending a site visit.