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NEW RESIDENTIAL - Notification & Fee Estimate

Date _____ ESA Account # _____ ECRA/ESA Licence # _____	<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"/> *Trench Only <input type="checkbox"/> *Final																																
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 on file _____ <input type="checkbox"/> One-time / non-account customer - must call 877-ESA-SAFE (372-7233) , Mon-Fri 7:00AM-4:30PM																																	
Applicant Information - please provide a complete mailing address																																		
Name _____		*Ready Date:																																
Address _____ Postal Code _____																																		
City _____ Prov/State _____ Country _____		PO/Job #																																
Phone _____ Email _____																																		
Site Information																																		
Site Name _____																																		
Civic # _____ Street _____ City/Town _____																																		
If street is a #d Regional Rd, County Rd or Hwy - please provide the alternate street name (if appl) _____																																		
Phase _____ Block _____ Bldg _____ Sub Div Lot _____ Sub Div Part Lot _____ Floor _____ Unit _____																																		
City/Town _____ Twp/Region _____ Rural Lot _____ Rural Conc _____																																		
Main Intersection _____ Water Travel Required? <input type="checkbox"/> Yes																																		
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 _____																																		
New Residential (4.1) Single Family Dwelling _____ Amp <input type="checkbox"/> O/H <input type="checkbox"/> U/G Please also indicate if: <input type="checkbox"/> Greater than 7,000 sq ft <input type="checkbox"/> incl. Finished Basement Stacked Housing (R055) _____ Amp <input type="checkbox"/> O/H <input type="checkbox"/> U/G # of dwelling units _____ Mobile Home/Trailer (R021) _____ Amp <input type="checkbox"/> O/H <input type="checkbox"/> U/G New Service only for Dwelling _____ Amp New Ganged Meterbase only(R074) _____ Amp # of meters _____ Wiring Only in New Dwelling (R056) _____ # of devices (min 41) Final Inspection Only of New Dwelling (R096) <input type="checkbox"/> Please indicate if work also includes: Separate Living Quarters/Granny Suite(R028) <input type="checkbox"/> _____ Amp Detached Outbuilding(s) _____ # of devices with Sub-Panel? <input type="checkbox"/> Amp <input type="checkbox"/> Separate panel inspection? Describe _____	Equipment (4.4) indicate all that apply & quantities for each (R067) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Branch Wiring Only</th> <th style="text-align: center;">Branch Wiring Only</th> </tr> </thead> <tbody> <tr><td>A/C</td><td style="text-align: center;"> </td><td>Heat Trace Cable</td></tr> <tr><td>Split A/C</td><td style="text-align: center;"> </td><td>Infloor Heating</td></tr> <tr><td>Furnace</td><td style="text-align: center;"> </td><td>Jacuzzi Tub</td></tr> <tr><td>Heat Pump</td><td style="text-align: center;"> </td><td>Steam Shower</td></tr> <tr><td>HRV</td><td style="text-align: center;"> </td><td>Sauna</td></tr> <tr><td>Air Handler</td><td style="text-align: center;"> </td><td>Elevator</td></tr> <tr><td>Boiler</td><td style="text-align: center;"> </td><td>Dishwasher</td></tr> <tr><td>Water Heater</td><td style="text-align: center;"> </td><td>Rangehood</td></tr> <tr><td>Gas Fireplace</td><td style="text-align: center;"> </td><td>Submersible Pump</td></tr> <tr><td>Other:</td><td colspan="2">_____</td></tr> </tbody> </table> Dialysis Machine Outlet(s) (C018) _____ Qty Geothermal Equipment (R081) _____ Qty of related items Electric Vehicle Charger (R078) _____ Qty of related items Energy Storage System (R097) _____ Amp _____ Qty of related items Generators & Transfer Switches Generator Receptacle only <input type="checkbox"/> Generator _____ KW Transfer Switch _____ Amp Separate Inspection? <input type="checkbox"/> Combination Meterbase only _____ Amp _____ KW Combination Panel only _____ Amp _____ KW Pole Top Switch _____ Amp		Branch Wiring Only	Branch Wiring Only	A/C		Heat Trace Cable	Split A/C		Infloor Heating	Furnace		Jacuzzi Tub	Heat Pump		Steam Shower	HRV		Sauna	Air Handler		Elevator	Boiler		Dishwasher	Water Heater		Rangehood	Gas Fireplace		Submersible Pump	Other:	_____	
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Water Heater		Rangehood																																
Gas Fireplace		Submersible Pump																																
Other:	_____																																	
Overhead/Underground Lines (5.4.2, 5.2.5, 5.2.6, 5.4.1)																																		
Secondary Trench (C050) _____ Qty Separate inspection? <input type="checkbox"/>																																		
Central Metering Service(C051) _____ Amps																																		
Permanent Pole Service(C048) _____ Amps																																		
Overhead Poleline (C044) _____ # of poles																																		
Driving Directions / Comments																																		
Pools & Hot Tubs (4.5)																																		
Pools Indoor _____ Inground _____ Above Ground _____ Splashpad _____																																		
Hard-wired Hot Tub _____ Receptacle only for Hot Tub _____																																		
Bonding only _____ Receptacle only for Pool _____																																		
Equipment only _____ Branch Wiring only for Equip _____																																		
Pool House or Shed _____ # of devices Separate shed inspection? <input type="checkbox"/>																																		

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