



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: _____		<input type="checkbox"/> I confirm that the information provided in this form is true, complete and accurate. Name: _____ Signature: _____	Ready for:
ESA Account #: _____			Will Notify
ECRA/ESA Lic #: _____			*Rough-In
			*Service
			*RI & Service
			*Disconnect
			*Trench
			*Grounding
			*Final
			*Ready Date:
<b>Payment Method</b>			
<input type="checkbox"/> <b>Charge to ESA Account</b>  <input type="checkbox"/> <b>Cheque / Money Order</b> <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"/> <b>Credit Card</b> <input type="checkbox"/> <b>ESA account customer</b> - provide the last 4 digits of the card saved on file _____  <input type="checkbox"/> <b>One-time / non-account customer</b> - 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.	
<b>Applicant Information - please provide a complete mailing address</b>			
Name _____		Unit/Suite _____	
Address _____		City _____ Prov/State _____	
Country _____ Postal Code _____		Ph# _____ Email _____	
<b>Site Information</b>			
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"/>
<b>Work Contact - applicant's representative; this notification will be returned if a Work Contact name &amp; cell phone / email address are not provided</b>			
First & Last Name _____		Cell Ph _____ Email _____	
<b>High Voltage Service (&gt;750 Volts) (5.1.1, 5.1.2)</b>		<b>Substation Maintenance* (5.1.5)</b>	
HV Service - Metal Enclosed(C001) _____ Qty \$ _____		Open Air (C005) _____ Qty _____ Date \$ _____	
HV Service - Open (C002) _____ Qty \$ _____		TLO (C063) _____ Qty _____ Date \$ _____	
<b>HV Switches, Breaker, etc. (5.1.3)</b>		Metalclad (C064) _____ Qty _____ Date \$ _____	
Metal Enclosed switchgear (C003) _____ Qty		Indoor (C065) _____ Qty _____ Date \$ _____	
Generator switchgear (C003) _____ Qty		<small>*Note: Maintenance includes minor work and like-for-like replacements only.</small>	
Capacitor controller (C003) _____ Qty		<small>Major repairs and equipment replacements are filed separately. Please indicate all major repair/replacement items:</small>	
Open fused switch (C003) _____ Qty \$ _____			
<b>HV Equip (5.1.3) - Transformers/Motors/Generators/Capacitor Banks, etc</b>			
Volt _____	_____	_____	(C024)
HP _____	_____	_____	
KVA _____	_____	_____	
Qty _____	_____	_____	\$ _____
<b>Describe:</b> _____			
Grounding - padmount, station ground, fence ground (C052) _____		Hrs _____ \$ _____	
<b>Replacement / Relocation of HV Components (C047)</b>			
<small>Indicate quantities of each:</small>			
_____ Insulators (C046) _____		Lightning/surge arresters _____ Cable stress cones \$ _____	
_____ Cable splices _____		Transformer bushings _____	
<b>Trench / Overhead Lines / Poles (5.4.2, 5.4.1)</b>			
Underground Primary Lines - Trench/Duct Bank (C050) _____ Qty		Is it being inspected at the same time as other work? <input type="checkbox"/> No	
Underground Secondary Lines (trench C050) _____ Qty			
Primary/secondary Overhead Lines - # of Poles _____ Qty			
<b>Solar Panels (8.2.2)</b>			
Solar Panels system rated 10-500KW _____		KW	
Solar Panels system rated >500KW _____		MW	
<b>Driving Directions / Comments / Additional Work Details</b>			<b>Fee Estimate incl HST</b>

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

\*See 2023 Wiring Fee Guide for details

Fees may change pending a site visit.