



400 Sheldon Dr, Unit 1
Cambridge, ON N1T 2H9

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

NEW RESIDENTIAL

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 <small>Call 1-877-372-7233 to discuss fees; attach the cheque/money order to the completed form and mail to the address</small>	<input type="checkbox"/> 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 - 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 _____ Address _____ City _____ Prov/State _____ Country _____ Phone _____ Email _____		*Ready Date: _____ PO/Job # _____																														
Site Information																																
Site Name _____ Civic # _____ Street _____ City/Town _____ <small>If street is a #d Regional Rd, County Rd or Hwy - please provide the alternate street name (if appl)</small> 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 / email address are not provided																																
First & Last Name _____ Cell Ph _____ Email _____																																
New Residential (4.1)	Equipment (4.4) indicate all that apply & quantities for each (R067)																															
Single Family Dwelling # _____ Amp <input type="checkbox"/> O/H <input type="checkbox"/> U/G <small>Please also indicate if:</small> <input type="checkbox"/> Greater than 7,000 sq ft <input type="checkbox"/> incl. Finished Basement Stacked Housing (R055) # of dwelling units _____ Amp <input type="checkbox"/> O/H <input type="checkbox"/> U/G 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? _____ Amp <input type="checkbox"/> Separate panel inspection? Describe _____	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:30%; text-align: center;">Branch Wiring Only</th> <th style="width:30%; text-align: center;">Branch Wiring Only</th> </tr> </thead> <tbody> <tr> <td>A/C _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Heat Trace Cable _____</td> </tr> <tr> <td>Split A/C _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Infloor Heating _____</td> </tr> <tr> <td>Furnace _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Jacuzzi Tub _____</td> </tr> <tr> <td>Heat Pump _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Steam Shower _____</td> </tr> <tr> <td>HRV _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Sauna _____</td> </tr> <tr> <td>Air Handler _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Elevator _____</td> </tr> <tr> <td>Boiler _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Dishwasher _____</td> </tr> <tr> <td>Water Heater _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Rangehood _____</td> </tr> <tr> <td>Gas Fireplace _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Submersible Pump _____</td> </tr> </tbody> </table> Other: _____			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 _____
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Overhead/Underground Lines (5.4.2, 5.2.5, 5.2.6, 5.4.1)	Generators & Transfer Switches																															
Secondary Trench (C050) _____ Qty Separate inspection? <input type="checkbox"/> Central Metering Service (C051) _____ Amps Permanent Pole Service (C048) _____ Amps Overhead Poleline (C044) _____ # of poles	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 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"/>																															
Driving Directions / Comments																																
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																																