



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

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

RESIDENTIAL RENOVATION - 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"/> *Disconnect <input type="checkbox"/> *Trench <input type="checkbox"/> *Grounding <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 _____ <small>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.</small> | | | | | | | | | | | | | | | | | | | | | |
| Applicant Information - please provide a complete mailing address | | | | | | | | | | | | | | | | | | | | | | |
| Name _____ | | *Ready Date: | | | | | | | | | | | | | | | | | | | | |
| Address _____ Postal Code _____ | | | | | | | | | | | | | | | | | | | | | | |
| City _____ Prov/State _____ Country _____ | | | | | | | | | | | | | | | | | | | | | | |
| Phone _____ Email _____ | | | | | | | | | | | | | | | | | | | | | | |
| Site Information | | | | | | | | | | | | | | | | | | | | | | |
| Site Name _____ | | | | | | | | | | | | | | | | | | | | | | |
| Civic # _____ Street _____ City/Town _____ | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ | | | | | | | | | | | | | | | | | | | | | | |
| Outlets & Devices (4.2.1) | | | | | | | | | | | | | | | | | | | | | | |
| Indicate the qty of each: TOTAL _____ - | | | | | | | | | | | | | | | | | | | | | | |
| Receptacles _____ | Ceiling Fans _____ | Appliance Outlet _____ | | | | | | | | | | | | | | | | | | | | |
| Fixtures _____ | Exhaust Fans _____ | Dishwasher (LEC) _____ | | | | | | | | | | | | | | | | | | | | |
| Switches _____ | GFCIs _____ | Rangehood (LEC) _____ | | | | | | | | | | | | | | | | | | | | |
| Fire/Security Devices _____ | AFCIs _____ | Undercounter Lights _____ | | | | | | | | | | | | | | | | | | | | |
| Baseboard Heaters _____ | Power Outlets _____ | Plugmold _____ | | | | | | | | | | | | | | | | | | | | |
| Yardlights _____ | Potlights _____ | Thermostats _____ | | | | | | | | | | | | | | | | | | | | |
| Surge Suppressors _____ | Tracklights _____ | Breakers Only _____ | | | | | | | | | | | | | | | | | | | | |
| Other-describe _____ | Other-describe _____ | Other-describe _____ | | | | | | | | | | | | | | | | | | | | |
| Equipment (4.4) indicate all that apply & quantities for each (R067) | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Branch Wiring Only</td> <td style="width:50%; text-align: center;">Branch Wiring Only</td> </tr> <tr> <td>A/C _____</td> <td>Heat Trace Cable _____</td> </tr> <tr> <td>Split A/C _____</td> <td>Infloor Heating _____</td> </tr> <tr> <td>Furnace _____</td> <td>Jacuzzi Tub _____</td> </tr> <tr> <td>Heat Pump _____</td> <td>Steam Shower _____</td> </tr> <tr> <td>HRV _____</td> <td>Sauna _____</td> </tr> <tr> <td>Air Handler _____</td> <td>Elevator _____</td> </tr> <tr> <td>Boiler _____</td> <td>Dishwasher (unlic) _____</td> </tr> <tr> <td>Water Heater _____</td> <td>Rangehood (unlic) _____</td> </tr> <tr> <td>Gas Fireplace _____</td> <td>Submersible Pump _____</td> </tr> </table> | | 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 (unlic) _____ | Water Heater _____ | Rangehood (unlic) _____ | Gas Fireplace _____ | Submersible Pump _____ | 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 (unlic) _____ | | | | | | | | | | | | | | | | | | | | | |
| Water Heater _____ | Rangehood (unlic) _____ | | | | | | | | | | | | | | | | | | | | | |
| Gas Fireplace _____ | Submersible Pump _____ | | | | | | | | | | | | | | | | | | | | | |
| Consumer Service (4.3) | | | | | | | | | | | | | | | | | | | | | | |
| Service _____ Amp Sub-Panel _____ Amp <input type="checkbox"/> Separate insp? | | | | | | | | | | | | | | | | | | | | | | |
| Ganged Meterbase _____ Amp of incoming service | | | | | | | | | | | | | | | | | | | | | | |
| # of meters _____ Amp for each meter on the gang | | | | | | | | | | | | | | | | | | | | | | |
| Check all that apply: Change Relocate Repair Replace Upgrade | | | | | | | | | | | | | | | | | | | | | | |
| Conduit Only | | | | | | | | | | | | | | | | | | | | | | |
| Main Breaker | | | | | | | | | | | | | | | | | | | | | | |
| Mast / Stack | | | | | | | | | | | | | | | | | | | | | | |
| Meterbase | | | | | | | | | | | | | | | | | | | | | | |
| Panel | | | | | | | | | | | | | | | | | | | | | | |
| Service | | | | | | | | | | | | | | | | | | | | | | |
| Grounding _____ Qty | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | |
| Work Locations / Comments / Driving Directions | | | | | | | | | | | | | | | | | | | | | | |
| Generators & Transfer Switches | | | | | | | | | | | | | | | | | | | | | | |
| Generator _____ KW Transfer Switch _____ Amp Inspected separately? <input type="checkbox"/> | | Generator Receptacle only <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"/> | | | | | | | | | | | | | | | | | | | | | | |

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

FORM 1398B (Apr2024)

Fees may change pending a site visit.