



400 Sheldon Drive, Unit 1
Cambridge, Ontario, N1T 2H9

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

RENEWABLE ENERGY 10kW OR LESS

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 _____
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Payment Method		Ready for:
<input type="checkbox"/> Charge to ESA Account	<input type="checkbox"/> Credit Card ESA account customer - provide the last 4 digits of the card saved on file with ESA _____ 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.	<input type="checkbox"/> Will Notify *Rough In *Service on standalone system *Disconnect on standalone system *Final

Applicant Information (Full Mailing Address)		*Ready date:
Name _____ Address _____ Unit/Suite _____ City _____ Prov/State _____ Country _____ Postal Code _____ Phone _____ Email _____		_____

Site Information (Property to be Inspected)	PO/Job #
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 _____ Note alternate street name if street is a #d Regional Rd, County Rd, Hwy: _____ 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 / 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.esaesa.com

See 2023 Wiring Fee Guide for details Form 1407A (09/23) Fees may change pending a site visit.