



Electrical  
Safety  
Authority

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

Phone: 1-877-ESA-SAFE (372-7233)



[esa.Cambridge@electricalsafety.on.ca](mailto: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 _____		<b>Ready For:</b> <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																																													
<b>Payment Method</b>																																																	
<input type="checkbox"/> <b>Charge to ESA Account</b>  <input type="checkbox"/> <b>Cheque /Money Order</b> <small>Call 1-877-372-7233 to discuss fees; attach the cheque / money order to the completed form and mail to the address above.</small>		<b>Credit Card</b> <input type="checkbox"/> <b>ESA account customer</b> - provide the last 4 digits of the card on file _____ <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</b> - please provide a complete mailing address																																																	
Name _____ Address _____ Postal Code _____ City _____ Prov/State _____ Country _____ Phone _____ Email _____					<b>*Ready Date:</b> _____																																												
<b>Site Information</b>					<b>PO/Job #</b>																																												
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																																																	
<b>Work Contact (applicant's representative)</b> - this notification will be returned if a Work Contact name & cell phone / email address are not provided																																																	
First & Last Name _____ Cell Ph _____ Email _____																																																	
<b>Outlets &amp; Devices (4.2.1)</b>			<b>Equipment (4.4)</b> indicate all that apply & quantities for each (R067)																																														
<b>Indicate the qty of each:</b> <table style="width:100%;"><tr><td>Receptacles _____</td><td>Ceiling Fans _____</td><td>Appliance Outlet _____</td></tr><tr><td>Fixtures _____</td><td>Exhaust Fans _____</td><td>Dishwasher (LEC) _____</td></tr><tr><td>Switches _____</td><td>GFCIs _____</td><td>Rangehood (LEC) _____</td></tr><tr><td>Fire/Security Devices _____</td><td>AFCIs _____</td><td>Undercounter Lights _____</td></tr><tr><td>Baseboard Heaters _____</td><td>Power Outlets _____</td><td>Plugmold _____</td></tr><tr><td>Yardlights _____</td><td>Potlights _____</td><td>Thermostats _____</td></tr><tr><td>Surge Suppressors _____</td><td>Tracklights _____</td><td>Breakers Only _____</td></tr><tr><td>Other-describe _____</td><td>Other-describe _____</td><td>Other-describe _____</td></tr></table>			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 _____	<table style="width:100%;"><tr><td style="text-align: center;">Branch Wiring Only</td><td style="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> 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 _____
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<b>Consumer Service (4.3)</b>			<b>Generators &amp; Transfer Switches</b> Generator Receptacle only <input type="checkbox"/> Generator _____ KW   Transfer Switch _____ Amp      Inspected separately? <input type="checkbox"/> Combination Meterbase only _____ Amp      KW _____ Combination Panel only _____ Amp      KW _____ Pole Top Switch _____ Amp																																														
<b>Ganged Meterbase</b> _____ Amp of incoming service _____ # of meters      Amp for each meter on the gang <b>Check all that apply:</b> Change Relocate Repair Replace Upgrade <table style="width:100%;"><tr><td>Conduit Only</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Main Breaker</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Mast / Stack</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Meterbase</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Panel</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Service</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Grounding</td><td>_____</td><td>Qty</td><td></td><td></td><td></td></tr></table>						Conduit Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main Breaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mast / Stack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meterbase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grounding	_____	Qty					
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<b>Overhead/Underground Lines (5.4.2, 5.2.5, 5.2.6, 5.4.1)</b>			<b>Pools &amp; Hot Tubs (4.5)</b>																																														
Secondary Trench (C050) _____ Qty      Separate inspection? <input type="checkbox"/> Central Metering Service(C051) _____ Amps Permanent Pole Service(C048) _____ Amps Overhead Poleline (C044) _____ # of poles			<b>Pools</b> 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"/>																																														
<b>Work Locations / Comments / Driving Directions</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](http://www.esasafe.com)