



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

Phone: 1-877-ESA-SAFE (372-7233)
Fax: 1-800-667-4278

RENEWABLE ENERGY 10 kW OR LESS - Application for Inspection and Fee Estimate

For Renewable Energy Installations > 10 KW, please submit Plan Review to the Plan Review Department

Date	Account #	ACP #
Applicant Information (Full Mailing Address)		
Name _____		Ready For: <input type="checkbox"/> Not Ready, Will Notify <input type="checkbox"/> Rough-In <input type="checkbox"/> Service on standalone system <input type="checkbox"/> Disconnect on existing system <input type="checkbox"/> Final <input type="checkbox"/> Date Ready
Address _____ Unit/Suite _____		
City _____	Prov/Stat _____ Country _____	
Postal Code _____	Phone # _____ Fax # _____	
Site Information (Property to be Inspected) Please indicate: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural		
Name _____		
Civic/Blue # _____	Stree _____	Sub Lot _____ Other _____
City _____	Twp _____	Rural Lot _____ Con _____
Site Contact _____		Site Contact Daytime Phone # _____
Project Owner Information (if different than Site Information)		
Name _____		
Address _____		Unit/Suite _____
City _____		Province/State _____ Country _____
Postal Code _____		Phone # _____ Fax # _____
Installation Details		Driving Directions/Comments/ Work Details
OPA Reference # (for microFIT) _____		Main Intersection _____ Water Travel Required Yes ___ No ___
Energy Source ___ Solar ___ Wind Other (specify) _____		
Nameplate/Project capacity _____ kW Inverter capacity _____ kW		
Generation purpose ___ microFIT ___ Net Metering ___ Neither		
microFIT Meter connection _____ Parallel		
# of turbines / solar panels _____ Qty		
Does this application include branch circuit wiring? ___ No ___ Yes		
Are there batteries installed? ___ No ___ Yes _____ Qty		
If yes, are batteries installed upstream of the generation meter? ___ No ___ Yes		
Payment Method		
<input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card Card # _____ Expiry _____ Name _____		

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