

High Voltage, Substation, Pole Line Application for Inspection and Fee Estimate

Ready for:

Date: _____	ESA Account#: _____	ECRA/ESA Lic#: _____	ACP #: _____	
Applicant Information				
Name: _____				<input type="checkbox"/> Rough-In Service <input type="checkbox"/> R/I & Service Final <input type="checkbox"/> Trench only <input type="checkbox"/> Grounding only <input type="checkbox"/> Disconnect <input type="checkbox"/> Will Notify <input type="checkbox"/> Date Ready
Address: _____		Unit/Suite: _____		
City: _____	Province/State: _____	Country: _____		
Postal Code: _____	Phone #: _____	Fax #: _____		
Site Information				PO/Job #
Please Indicate: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Apartment <input type="checkbox"/> Residential				
Name: _____				
Civic #: _____		Street: _____		Sub Lot: _____ Other: _____
If street is a #d Regional Rd, County Rd, Hwy - note the alternate street name (if appl): _____				
City/Town/PPN: _____		[wp/RMN: _____		Rural Lot: _____ Con: _____
City/Town/Populated Place Name		Township/Regional Municipality Name		
Site Contact: _____		Site Contact Phone #: _____		
Main Intersection:				Water Travel Required Yes <input type="checkbox"/> No <input type="checkbox"/>
High Voltage Service (>750 Volts) (5.1.1, 5.1.2)			Substation Maintenance (5.1.8)	
HV Service - Metal Enclosed (C001) _____ Qty \$ _____			Open Air (C005) _____ Qty _____ Date \$ _____	
HV Service - Open (C002) _____ Qty \$ _____			TLO (C063) _____ Qty _____ Date \$ _____	
HV Switches, Breakers, etc. (5.1.3, 5.1.4)				
Metal enclosed switchgear (C003) _____ Qty Open fused switch (C003) _____ Qty			Metalclad (C064) _____ Qty _____ Date \$ _____	
Generator switchgear (C003) _____ Qty Transfer switch (C003) _____ Qty			Indoor (C065) _____ Qty _____ Date \$ _____	
Motor controller (C003) _____ Qty Capacitor controller (C003) _____ Qty			Note: Maintenance includes minor work and like-for-like replacements only. Major repairs and equipment replacements are filed separately. Please indicate all major repair/replacement items:	
Add'l cubicles (C004) _____ Qty \$ _____				
HV Equip - Transformers/Motors/Generators/Capacitor Banks, etc				
V				(C024)
HP				
KVA				
Qty				\$ _____
Describe: _____				
Grounding - padmount, station ground, fence ground (C052) Hrs _____ \$ _____				
Underground/Overhead Lines (5.1.4, 5.7.2)			ACP Pole Line Maintenance (C069)	
Underground Primary Lines - Trench/Duct Bank (C050) _____ Qty \$ _____			Voltage _____ \$ _____	
Underground Secondary Lines (C049/C050) _____ Qty \$ _____			Amperage _____	
Secondary inspected at same time as other work (Y/N) <input type="checkbox"/>			Metering Description _____	
Primary/Secondary Overhead Lines - # of Poles (C044) _____ Qty \$ _____			Connection Date _____	
Solar Panels				
Solar Panels system rated 10-500KW (C079, 80) _____ KW			Consultation (MI05) _____ Hrs \$ _____	
Solar Panels system rated >500KW (C081) _____ MW				
Driving Directions / Comments / Work Details				
Payment Method	Credit Card <input type="checkbox"/>	Cheque <input type="checkbox"/>	Fee Estimate incl HST	
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				