



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

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

NEW RESIDENTIAL

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"/> *Trench Only <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 above</small>	Credit Card <input type="checkbox"/> ESA account customer - provide the last 4 digits of the card on file _____ <input type="checkbox"/> 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.																																																									
Applicant Information - please provide a complete mailing address																																																										
Name _____ Address _____ Postal Code _____ City _____ Prov/State _____ Country _____ Phone _____ Email _____		*Ready Date: _____ PO/Job # _____																																																								
Site Information																																																										
Site Name _____ Civic # _____ Street _____ City/Town _____ <small>If street is a #d Regional Rd, County Rd or Hwy - please provide the alternate street name (if appl)</small> 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 _____																																																										
New Residential (4.1) Single Family Dwelling _____ Amp <input type="checkbox"/> O/H <input type="checkbox"/> U/G <small>Please also indicate if:</small> <input type="checkbox"/> Greater than 7,000 sq ft <input type="checkbox"/> incl. Finished Basement Stacked Housing (R055) _____ Amp <input type="checkbox"/> O/H <input type="checkbox"/> U/G # of dwelling units _____ Mobile Home/Trailer (R021) _____ Amp <input type="checkbox"/> O/H <input type="checkbox"/> U/G New Service only for Dwelling _____ Amp New Ganged Meterbase only (R074) _____ Amp # of meters _____ Wiring Only in New Dwelling (R056) _____ # of devices (min 41) Final Inspection Only of New Dwelling (R096) <input type="checkbox"/> Please indicate if work also includes: Separate Living Quarters/Granny Suite (R028) <input type="checkbox"/> _____ Amp Detached Outbuilding(s) _____ # of devices with Sub-Panel? _____ Amp <input type="checkbox"/> Separate panel inspection? Describe _____	Equipment (4.4) indicate all that apply & quantities for each (R067) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Branch Wiring Only</th> <th style="text-align: center;">Branch Wiring Only</th> </tr> </thead> <tbody> <tr><td>A/C</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Split A/C</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Furnace</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Heat Pump</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>HRV</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Air Handler</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Boiler</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Water Heater</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Gas Fireplace</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Heat Trace Cable</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Infloor Heating</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Jacuzzi Tub</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Steam Shower</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Sauna</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Elevator</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Dishwasher</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Rangehood</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Submersible Pump</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> </tbody> </table> Other: _____		Branch Wiring Only	Branch Wiring Only	A/C	_____	_____	Split A/C	_____	_____	Furnace	_____	_____	Heat Pump	_____	_____	HRV	_____	_____	Air Handler	_____	_____	Boiler	_____	_____	Water Heater	_____	_____	Gas Fireplace	_____	_____	Heat Trace Cable	_____	_____	Infloor Heating	_____	_____	Jacuzzi Tub	_____	_____	Steam Shower	_____	_____	Sauna	_____	_____	Elevator	_____	_____	Dishwasher	_____	_____	Rangehood	_____	_____	Submersible Pump	_____	_____
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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																																																										
Driving Directions / Comments																																																										
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