



P.O. Box 24143, Pinebush Postal Outlet,
Cambridge, Ontario, N1R 8E6

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 # _____	
Applicant Information (Full Mailing Address)			
Name _____			Ready For: <input type="checkbox"/> Rough-In <input type="checkbox"/> Final <input type="checkbox"/> Not Ready, Will Notify
Address _____		Unit/Suite _____	
City _____	Prov/State _____	Country _____	
Postal Code _____	Phone # _____	Fax # _____	
<u>Date Ready</u> _____			
Site Information (Property to be Inspected)			
Name _____			
Civic/Blue # _____	Street _____	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 Information		Driving Directions/Comments/ Work Details	
Generation purpose <input type="checkbox"/> microFIT <input type="checkbox"/> Net Metering <input type="checkbox"/> Neither		Main Intersection _____ Water Travel Required Yes <input type="checkbox"/> No <input type="checkbox"/>	
Energy Source <input type="checkbox"/> Solar <input type="checkbox"/> Wind Other (specify) _____			
OPA Reference # (for microFIT) _____			
microFIT Meter connection <input type="checkbox"/> Series <input type="checkbox"/> Parallel			
Nameplate/Project capacity _____ kW Inverter capacity _____ kW			
Are there batteries installed? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Qty			
If yes, are batteries installed upstream of the generation meter? <input type="checkbox"/> No <input type="checkbox"/> Yes			
# of turbines / solar panels _____ Qty			
Payment Method			
<input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		Fee Estimate incl HST	
Card # _____			
Name _____ Expiry _____			
-			

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