



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

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

NEW RESIDENTIAL - Application for Inspection and Fee Estimate

Date	Account #	ECRA/ESA Lic#	ACP #	Ready for:
Applicant Information				<input type="checkbox"/> Rough-In
Name _____				<input type="checkbox"/> Service
Address _____			Unit/Suite _____	<input type="checkbox"/> R/I & Service
City _____		Province/State _____	Country _____	<input type="checkbox"/> Final
Postal Code _____		Phone # _____	Fax # _____	<input type="checkbox"/> Trench only
Site Information				<input type="checkbox"/> Will Notify
Name _____				<u>Date Ready</u>
Civic/Blue # _____ Street _____				PO/Job #
Phase _____ Building _____ Sub Lot _____ Block _____ Unit _____				
City _____ Twp _____ Rural Lot _____ Con _____				
Site Contact _____		Site Contact Phone # _____		
New Residential (4.1)		Driving Directions/Comments/Other Details		
New Residence (R030, R031, R052) _____ Amps \$ _____		Main Intersection _____ Water Travel Required Yes ___ No ___		
New Modular / Prefab (R022, R023, R053) _____ Amps \$ _____				
New Res Units within Multi-Unit Complex (R032, R033, R054) _____ Amps \$ _____				
Stacked Type Houses (R055) _____ Amps _____ Qty \$ _____				
Separate Living Quarters (R028) _____ Qty \$ _____				
Detached Outbuildings or Structures (# devices) _____ Qty \$ _____				
Mobile Homes (R021) _____ Qty \$ _____				
New Apartments (R019) _____ Qty \$ _____				
Misc. Equipment (4.4) Installed at the Same Time, Same Contractor				
A/C _____ Furnace _____ Hot Water Heater _____ Heat Pump _____				
Battery Charger _____ Submersible Pump _____ Yard Lights _____				
Whirlpool/Hydromassage Bathtub _____ Sauna _____ (R038)				
Other/Specify: _____ \$ _____				
Other Installations (4.4, 4.5, 5.6, 5.1.4)				
Generator (R067) _____ Qty \$ _____				
Inground / Indoor Pool (R012) _____ Qty \$ _____				
Above Ground Pool / Hot Tub (R013) _____ Qty \$ _____				
Trench - separate inspection required (C050) _____ Yes \$ _____				
Primary/Secondary Lines (# of Poles) (C044) _____ Qty \$ _____				
Permanent Pole Service (C048) _____ Amps \$ _____				
Solar / Wind Energy System (C077) _____ kW \$ _____				
Payment Method				
<input type="checkbox"/> Cheque		<input type="checkbox"/> Credit Card		
Card # _____		Expiry _____		
Name _____				
				Fee Estimate incl HST

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