

# **Town of Petrolia Special Events Manual**

## **EVENT TYPE 3**

### **EVENT IN TOWN PARKS/FACILITIES and/or PARKING LOTS**

For events taking place primarily in Town parks/facilities and/or parking lots (i.e. outdoor festival/carnival/craft show/concert/exhibit) for one or more days.

## **INTRODUCTION**

Throughout the year, the Town of Petrolia is a host to a variety of special events that require planning, communication, and co-operation from all parties involved.

The Town of Petrolia recognizes the importance of special events in promoting the community, as well as enhancing and creating a desired community image. Special Events bring tourist dollars into the geographical region during the community's off-season or in periods when the number of tourists is lower than normal. Special Events enhance the image of the community; encourage resident and non-resident participation, spectator satisfaction, and civic pride.

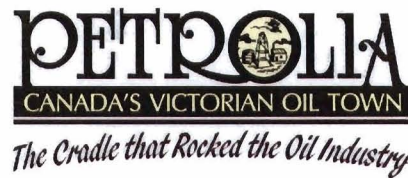
It is the intention of this manual to identify and assist the organizer in following the guidelines set out by the Town of Petrolia and other organizations such as the Community Health Services and O.P.P. who may have input in regard to the operation of the event.

The utilization of this manual will ensure that all necessary approvals will be in place before the actual date(s) of the event.

The use of this manual will allow us to work together to present special events that will be exciting and positive additions to our community.

If you have any immediate questions or comments please contact the Director of Community Services at (519) 882-2350 (weekdays between 8:30 a.m. and 4:30p.m.).

Best wishes as you plan and prepare your special event.



# **TOWN OF PETROLIA SPECIAL EVENTS MANUAL**

## **EVENT TYPE 3**

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For events taking place primarily in Town parks/facilities and/or parking lots (i.e. outdoor festival/carnival/craft show/concert/exhibit) for one or more days.

## **SPECIAL EVENTS**

Thank you for your interest in holding a special event in the Town of Petrolia. Enclosed are the materials needed to obtain a Special Permit for your upcoming event. Please follow the application directions very carefully. An application checklist is included for further assistance. No Special Event Permit will be issued without submittal of a signed application and requested documentation. Your event must have final approval by the Town of Petrolia Council.

The Director of Community Services will assist you throughout this process and will be your primary contact. You will be notified by the Director of Community Services if your event requires additional permits such as: tent permit, temporary food permit, liquor license permit, which must be obtained and approved before you receive a Special Event Permit.

**Please read the Special Events Manual and follow each requirement that your event falls under.**

**Special Event Applications Required for event in Town Parks/Facilities and/or Parking Lots:**

**Appendix A – Fee Schedule**

**Appendix B - Special Event Permit Application**

**Appendix C-1 – Certificate of Insurance**

**Appendix D – Fire Safety - Tents/Shelters**

**Appendix E – Business Application**

**Appendix F – Request to use Facilities**

**Appendix G – Community Health Inspection**

**Appendix H-1, H-2, H-3, H-4 – Electrical**

**Appendix I – Labour & Equipment Rates**

**Appendix J-1, J-2 – Merchandise & Food Vendors Lists**

**Appendix K – Site Plan (if required)**

**Special Occasion Permit/Application – Obtain and hand into LCBO, copy to be handed in for our records**

**Consent to Release Personal Information for Emergency Purposes**

**Permit Fees – No fees at this time**

**Payment – No fees at this time**



**COMMUNITY SERVICES**

411 Greenfield Street • P.O. Box 1270 • Petrolia • Ontario • N0N 1R0 Telephone: (519) 882-2350 Fax: (519) 882-3373

ITEM	FEE	NEEDED
<b>Administration Fee:</b>		
Marriage Licence	\$110.00	
Ceremonies – Mon to Friday 8:30am-5:00pm	\$350.00	
Weekends & after 5:00 pm	\$450.00	
Zoning By-Law or Official Plan	\$30.00	
Zoning Maps		
Large	\$8.00	
Small	\$4.00	
<b>Service or Permit Fee:</b>		
Building / Tent permit (additional tents)*	N/C*	
Noise and Parking by-law deposit**	N/C**	
Food Service / vendor permit (Mobile Canteen)	\$50.00/Vehicle	
Road Closures/Detours**	N/C**	
Partial / Full road closure permit**	N/C**	
Traffic & Public Works (fees for signs, deliveries, damages)	non-at this time	
Beer Garden Permit*	non-at this time	
Turf Restoration (deposit if required)***	If Required	
Bluewater Power (see page 12)		
St. John Ambulance (donations appreciated)		
Lambton EMS		
By-Law Enforcement/Security Fee	Actual Billing	
O.P.P./Security Fee	Actual Billing	
<b>Fire Department: Town of Petrolia Fire Department</b>		
Letters to Lawyers/Insurance Companies	\$25.00/flat fee	
Posting a Fire Guard	\$60.00/hr/man	
Stanby-Truck-one hour or part hour	\$300.00/truck/hr	
Fireworks Inspections/Permit	\$50.00	
Premise for Approval of Liquor Licenses	\$125.00/ inspection	
Determination of Occupancy Load/Liquor License in place	\$125.00	
Special Occasions Permit-non liquor	\$30.00/initial \$15.00/call back	
Special Occasions – Burning Permit	\$25.00	

<b>Rental Fee:</b>		
Ball Diamonds - Tournament Fee (3 diamonds used for the tournaments)	\$125.00/day	
Rentals-game/diamond and/or pitch-day	\$20.00	
Rentals-game/diamond and/or pitch-night	\$27.00	
Community Centre - Obtain Rates from Centre	variable	
<b>Parks:</b>		
Rental - large events per day	\$355.00	
Sections Only - per day	\$35.00	
Bridgeview Park - Covered Bridge, Pavilions	\$55.00/each	
<b>Other Related Fee's</b>		
P.A. System*	N/C*	
Snow Fence*	N/C*	
Support Staff-Municipal-See Attached Fee Schedule	variable	
*N/C, Included in the rental fee - permission needed		
**Decided by Council		
a) Be brought in front of Council for rates		
b) Groups in question to be referred to		
***To be decided by Director of Community Services based on size and type of event.		



## APPENDIX B COMMUNITY SERVICES

411 Greenfield Street • P.O. Box 1270 • Petrolia • Ontario • N0N 1R0 Telephone: (519) 882-2350 Fax: (519) 882-3373

### SPECIAL EVENTS PERMIT APPLICATION

Applicants Name:	_____	Signature:	_____
Designated Person in Charge at Event:	_____	Signature:	_____
2nd Designated Person in Charge at Event:	_____	Signature:	_____
Organization:	_____		
Mailing Address:	_____	Postal Code	_____
Telephone Number:	(Day) _____	Night)	_____
Fax Number:	_____	E-mail Address:	_____

Event Name:	_____
Event Description:	_____ _____

Proposed Date(s)	Operating Hours	Estimated daily Attendance
------------------	-----------------	----------------------------

Location Requested:	_____		
Event Included:	Fire___ Street Closure (see below)___	Electrical___	
	Sound Amplification___	Raffle/Draw	Alcohol Vendors
	Expected no. of people in licensed area	Fireworks___	

Type of Event:			
Parade___ Cycling Event___ Walkathon___	Run___	Special Event/Festival___	
Other(Specify)	_____		
Function to Commence:	_____		
	Location	Date	Time
Function to Terminate:	_____		
	Location	Date	Time

Street Closure:	Yes _____	No _____
Route:	_____	

History of Event:	_____ Number of years event held	First Time Event _____
Please list any incidents that have occurred during this event and the action taken. (Please write on a separate paper if needed)		

Must attach the following:

1. A detailed map or site plan clearly and accurately identifying location of tent structures and/or beer gardens, any enclosed fenced area, and areas used for cooking facilities.
2. Applicants must supply event insurance: \$2million in General Liability Insurance, naming the Town of Petrolia as additional insured. (See the manual for the details.)

### EVENT AGREEMENT

I have read the terms and conditions as outlined and fully disclosed all details and components of the proposed event, and agree to the term as outlined. I will abide by the "Conditions and Regulations" contained in the Special Events Manual and the applicable policies, procedures and responsibilities outlined. **I am aware that failure to comply as outlined could lead to cancellation of this permit at anytime.**

(Upon approval of this application, this document constitutes a Special Events Permit.)

NAME:	_____	DATE:	_____
	(Please Print)		
SIGNATURE:	_____		



**PLEASE RETURN TO:**

**ATTN: SPECIAL EVENTS CO-ORDINATOR**

Town of Petrolia  
411 Greenfield Street  
P.O. Box 1270  
Petrolia, Ontario  
N0N 1R0

**Questions Call (519) 882-2350**

Attachments included: Site Plan \_\_\_\_\_ Insurance Certificate \_\_\_\_\_  
Building Permit \_\_\_\_\_ Hydro Inspection \_\_\_\_\_  
Special Occasion Permit \_\_\_\_\_  
Municipal Alcohol Policy \_\_\_\_\_

(OFFICE USE ONLY) DISTRIBUTION

DEPARTMENT	COMMENTS
Director of Operation	
Director of Community Services	
Director of Finance	
C.A.O/Clerk	
Clerk-Administrator	
Fire Department	
Police Services-O.P.P.	
By-Law Enforcement Officer	

## OTHER TERMS AND CONDITIONS FOR THIS EVENT

Official Use Only	Site plan received	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Permit approved:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Insurance Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Permit number:				
<b>Date Received</b>						Date Approved:				



## APPENDIX C-1 COMMUNITY SERVICES

411 Greenfield Street • P.O. Box 1270 • Petrolia • Ontario • N0N 1R0 Telephone: (519) 882-2350 Fax: (519) 882-3373

PROOF OF LIABILITY INSURANCE WILL BE ON THIS FORM ONLY (WITH NO AMMENDMENTS)  
NOTE: INSURANCE IS PLACED IN PRIMARY AND EXCESS LAYERS, FILE SEPARATE  
CERTIFICATES FOR EACH

### CERTIFICATE OF INSURANCE

This is to certify, that the insured set forth, is insured with the Insurance Company, which insurance is described below:

Name of Insurance Company				
Name of Insured		Address of Insured		
Type of Insurance	Policy Number	Effective Date	Expiry Date	Limits of Liability Bodily Injury & Property Damages - Inclusive
General Liability				\$
<b>General Liability Including:</b> Personal Injury, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage Products - Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest Clause.				
Type of Liability	Policy Number	Effective Date	Expiry Date	Limits of Liability Bodily Injury & Property Damages - Inclusive
Motor Vehicle Liability				\$
<b>Motor Vehicle Liability - Must cover all vehicles owned by the insured.</b>				

The Town of Petrolia has been added as an additional insured but only with respect to its interest in the operations of the named insured.

This is to certify that the Policies of Insurance as described above have been issued by the undersigned to the insured named above and are in force at this time.

If cancelled or changed in any manner, that would affect the Town of Petrolia as outlined in coverage specified herein for any reason, so as to affect this certificate, thirty (30) days prior written notice by registered mail be given by the insurer(s) to the:

Town of Petrolia  
Attention: Legal Services  
411 Greenfield Street,  
P.O. Box 1270  
Petrolia, Ontario  
N0N 1R0

This certificate is executed and issued to the aforesaid Town of Petrolia, the day and date herein written below.

Date	Name of Insurance Company (not broker)
Name of Insurance Broker	Authorized Representative or Official By  _____ (please print) (signature)





## FIRE SAFETY REQUIREMENTS FOR TENTS / SHELTERS

Applicable to all tents having an area in excess of 645 square feet or 60 m<sup>2</sup>.

LOCATION AND / OR ADDRESS WHERE TENT IS SET UP: (Please Print)	
--	--

1. Location of nearest telephone to call 911: \_\_\_\_\_
2. Number, type and location of portable fire extinguishers provided:
  - a) Number \_\_\_\_\_
  - b) Type(s) \_\_\_\_\_
  - c) Location(s) \_\_\_\_\_
3. Name of person employed for firewatch duty: (if required) \_\_\_\_\_

**Note:** Such duties to include keeping the means of egress clear, proper use and storage of combustible materials and general enforcement of regulations as determined by the lessee.

4. Number of exit signs posted: \_\_\_\_\_

**Note:** Exit signs are required for all tents having wall panels and/or where exiting is impeded by ropes, tables, ect.
5. Has emergency lighting been tested? Yes \_\_\_\_ No \_\_\_\_ (Applicable to night-time tent use only.)
6. Are open flame devices such as gas heaters, barbecues and fuel-fired appliances intended for use? \_\_\_\_\_

**Note:** Must not be located adjacent to an exit or access to an exit. Site plan must include cooking area with dimensions.

7. Has a building permit for the erection of this tent been obtained? (If required) Yes \_\_\_\_ No \_\_\_\_
8. Provide the name, address and telephone number of person(s) or company providing the tent rental:  
Name - \_\_\_\_\_  
Address - \_\_\_\_\_  
Phone - \_\_\_\_\_
9. Provide the name, address and telephone number of person(s) leasing the tent:  
Name - \_\_\_\_\_  
Address - \_\_\_\_\_  
Phone - \_\_\_\_\_

A copy of this Fire Safety Plan shall be approved by the Chief Fire Official or his designate and be posted in a conspicuous location near the main entrance.

**Approved by:** \_\_\_\_\_ **Dated:** \_\_\_\_\_



# PETROLIA

CANADA'S VICTORIAN OIL TOWN

*The Cradle that Rocked the Oil Industry*

## APPENDIX E

411 Greenfield Street • P.O. Box 1270 • Petrolia • Ontario • N0N 1R0 Telephone: (519) 882-2350 Fax: (519) 882-3373

### Business Application

Name of Applicant

Food Vendors please continue to fill out back of application  
Non Food Related Vendors only need to fill out front page

First

Middle

Surname

### Address

Street

P.O. Box

City/Town

Province

Postal Code

Telephone

Business: \_\_\_\_\_ Home: \_\_\_\_\_

Name of Business

### Business Address

Street

P.O. Box

City/Town

Province

Postal Code

*I, undersigned, undertake that I will promptly notify the Licensing Division of the Town of Petrolia of any sale of said business, any change of address of said business, or any discontinuance of business in the location indicated above.*

Applicant Signature

Date

### OFFICE USE ONLY

License Type	Number	Date	Amount	Zoning	Representative

Application Date: \_\_\_\_\_

License No. \_\_\_\_\_

**Application For Catering Vehicle/Mobile Refreshment Vehicle License**

This Catering Vehicle/Mobile Refreshment Vehicle has received and copies are attached of all applicable inspections as indicated on the reverse:

Yes \_\_\_\_\_ No \_\_\_\_\_

**LICENSE FEE:**

(fee schedule on reverse) \$ \_\_\_\_\_ Door to Door \_\_\_\_\_

Specific Location \_\_\_\_\_

(Maximum 3 months)

Building Inspector Signature \_\_\_\_\_

Municipal Law Enforcement Signature \_\_\_\_\_

Specific Location/day \_\_\_\_\_

(Maximum 3 days)

**Declaration**

I, \_\_\_\_\_ of \_\_\_\_\_

solemnly declare that all the

statements contained in this application are true and I make this solemn declaration conscientiously believing it to be true.

\_\_\_\_\_  
Signature of Applicant

This Catering Vehicle/Mobile Refreshment Vehicle has been inspected as required:  
(as applicable)

Date: \_\_\_\_\_

Health Inspector \_\_\_\_\_

Date: \_\_\_\_\_

Fire Chief \_\_\_\_\_

Date: \_\_\_\_\_

Propane Fitter \_\_\_\_\_

Date: \_\_\_\_\_

Hydro Inspector (for permanent locations, only) \_\_\_\_\_

Date: \_\_\_\_\_

By-Law Enforcement Officer \_\_\_\_\_

Date: \_\_\_\_\_

Building Inspector \_\_\_\_\_



# PETROLIA

CANADA'S VICTORIAN OIL TOWN

*The Cradle that Rocked the Oil Industry*

## APPENDIX F COMMUNITY SERVICES

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### REQUEST FOR USE OF FACILITIES

FACILITY(IES) REQUIRED	_____	DATE(S) REQUIRED	_____
SETUP TIME REQUIRED	_____		
REMOVAL TIME REQUIRED	_____		
TIME OF ACTUAL EVENT	_____		
ORGANIZATION	_____	TYPE OF EVENT	_____
CONTACT NAME	_____	PHONE (B)	_____
		PHONE (R)	_____
ADDRESS	_____	POSTAL CODE	_____

EQUIPMENT OR SERVICES RENDERED - Please indicate by using a checkmark. The following services are available.  
Please note those marked with an asterisk (\*) have additional fees levied if available at said Facility.

*Parking Attendants	_____	*Kitchen Facilities	_____	*Piano	_____	Podium	_____
*Public Address System	_____	Canteen	_____	*Socan	_____		
*Coolers and Bar Setup	_____	*Portable Stage Setup	_____				
(is music to be part of your event)							
Tables & Chairs for	_____	(number of people attending)		*Paper for Tables	_____		
*Head Table Risers	_____						
*Coatcheck	_____	(The recommended ratio of staff per attendance) 1=0-250 2=351-500 3=510-750 4=751&up					

Name of Caterer	_____	Security Required Yes	_____	No	_____
		(If yes # required	_____	)	
		O.P.P. Signature	_____		

PLEASE SPECIFY OTHER EQUIPMENT OR SERVICES REQUIRED: \_\_\_\_\_

**\*All groups, organizations or individuals who are renting or using our facilities for an event MUST have liability and property damage insurance to the extent of (2) two million dollars with the Town of Petrolia named an additional insured on the policy. No confirmation of the rental will be issued by the Recreation Facilities Office until certificates have been received and found to be satisfactory to the Town of Petrolia's Insurer.**

I AM AWARE THAT THIS IS A REQUEST AND SUBJECT TO APPROVAL AND CONFIRMATION BEFORE IT IS BINDING.

Date : \_\_\_\_\_ Signature: \_\_\_\_\_

#### FOR OFFICE USE ONLY

DEPOSIT AMOUNT \_\_\_\_\_ DATE: \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

COMMENTS: \_\_\_\_\_



## **ENTERTAINMENT INDUSTRY ELECTRICAL INSPECTION / CONSULTATION**

### **Notice of Legal Requirement**

Under the provisions of the Ontario Electrical Safety Code, any electrical equipment installed in Ontario, temporary or otherwise, must have an application for inspection. This includes all Film, Television, Live Performance or Event Productions including but not limited to Live Productions regardless of site or location.

Failure to comply could result in unsafe working sites, production downtime and/or fines.

### **Inspection Process**

#### **Step 1**

Fill in an Application for Electrical Inspection.

#### **Step 2**

Fax or email the Application to the ESA Customer Service Centre a minimum of 48 hours prior to the production set-up.

### **Optional**

Phone in your request for an Electrical Inspection to the ESA Customer Service Centre, a minimum of 48 hours prior to the production set-up.

#### **ESA Customer Service Centre**

P.O. Box 24143  
Pinebush Postal Outlet  
Cambridge, ON, N1R 8E6  
Fax: (800) 667-4278  
Phone: (877) 372-7233  
email: [esa.cambridge@electricalsafety.on.ca](mailto:esa.cambridge@electricalsafety.on.ca)

**For** inspection information please call the ESA Customer Service Centre for the name and number of your local Inspector.



**Electrical  
Safety  
Authority**

## Entertainment Industry Application for Electrical Inspection

Please complete and return for processing to the  
ESA Customer Service Centre. Fax (800) 667-4278,

Phone: (877) 372-7233, email: [esa.cambridge@electricalsafety.on.ca](mailto:esa.cambridge@electricalsafety.on.ca)

### Applicant Information

Name			
Address			
City/Province		Postal Code	
Contact (Producer / Production Manager)		Phone #	
		Fax #	
		Email	

### Location Information

Production Name/ Job Number		Purchase Order #	
Production Location / Studio			
Location <b>Electrical</b> Contact(s)		Phone #(s)	
		Other #(s)	
Expected dates of set-up		Rain dates	
Expected production dates		Hiatus dates	
Best date / time for inspection			

- For inspection fees visit the ESA website [www.esasafe.com](http://www.esasafe.com)
- Daily call sheets should be faxed to **(905) 712-3013**.
- For inspection information please call the ESA Customer Service Centre at (877) 372-7233.

### Customer Payment Method

ESA Charge Account #: \_\_\_\_\_

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Cardholder Name: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Authorization: \_\_\_\_\_

Cheque Payable to Electrical Safety Authority:

Cheque #: \_\_\_\_\_

**Please circle type of production:**

**Film**

**Commercial**

**Television**

**Event**

**Live Performance**

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](http://www.esasafe.com)





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

Phone: 1-877-ESA-SAFE (372-7233)  
Fax: 1-800-867-4278

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

Date _____	Account# _____	ECRA/ESA Lic# _____	ACP # _____	<b>Ready for:</b> <input type="checkbox"/> Rough-In <input type="checkbox"/> Service <input type="checkbox"/> R/I & Service <input type="checkbox"/> Final <input type="checkbox"/> Disconnect <input type="checkbox"/> Will Notify
<b>Applicant Information</b>				
Name _____				
Address _____			Unit/Suite _____	
City _____		Province/State _____	Country _____	<b>Date Ready</b> _____
Postal Code _____		Phone # _____	Fax # _____	
<b>Site Information</b>				<b>PO/Job #</b>
Name _____				
Civic/Blue # _____	Street _____		Sub Lot _____	Other _____
City _____		Twp _____	Rural Lot _____	Con _____
Site Contact _____		Phone # _____		
<b>High Voltage (&gt;750 Volts) (5.1.1)*</b>		<b>Main Intersection</b>		
<b>Substation Maintenance</b>		<b>Substation Maintenance</b>		
HV Service - Metal Enclosed (C001)	Qty _____	\$ _____	Open Air (C005)	Qty _____ Date _____ \$ _____
HV Service - Open (C002)	Qty _____	\$ _____	TLO (C063)	Qty _____ Date _____ \$ _____
Loadbreak Pole (C002)	Qty _____	\$ _____	Metalcad (C064)	Qty _____ Date _____ \$ _____
Switchboard/Panel (C003)	Qty _____	\$ _____	Indoor (C065)	Qty _____ Date _____ \$ _____
Add'l cubicles (C004)	Qty _____	\$ _____	Note: Equipment replacements and major repairs are additional. Please indicate all replacement/major repair items:	
Preassembled Substation	Qty _____	\$ _____		
Station Grounding Grid	# rods _____	\$ _____		
Station Fence Grounding	meters _____	\$ _____		
<b>HV Transformers/Motors/Generators, etc (5.7)*</b>				
V _____				(C024)
HP _____				
Qty _____				\$ _____
Describe: _____				
Transformer Pad Grounding (C052)		Hrs _____	\$ _____	
<b>Underground/Overhead Lines (5.6)*</b>				
Underground Trench - Primary Line (C050)		M _____	\$ _____	
Underground Trench - Secondary Line (C049/C050)		Qty _____	\$ _____	
Secondary inspected at the same time as other work (Y/N) <input type="checkbox"/>				
Primary/Secondary Lines - # of Poles (C044)		Qty _____	\$ _____	
<b>Driving Directions / Comments / Work Details</b>				
<b>Payment Method</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card Card # _____ Expiry _____ Name _____				<b>Total Fee Estimate</b>
				0

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](http://www.esasafe.com)



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

Phone: 1-877-ESA-SAFE (372-7233)  
Fax: 1-800-867-4278

## Low Voltage Industrial/Commercial/Institutional/Agricultural Application for Inspection and Fee Estimate

Date	Account#	ECRA/ESA Lic#	ACP #	Ready for:	
<b>Applicant Information</b> Name _____ Address _____ Unit/Suite _____ City _____ Province/State _____ Country _____ Postal Code _____ Phone # _____ Fax # _____				<input type="checkbox"/> Rough-In	
				<input type="checkbox"/> Service	
				<input type="checkbox"/> R/I & Service	
				<input type="checkbox"/> Final Disconnect	
				<input type="checkbox"/> Will Notify	
				Date Ready	
<b>Site Information</b>				PO/Job #	
Name _____					
Civic/Blue # _____ Street _____ Sub Lot _____ Other _____					
City _____ Twp _____ Rural Lot _____ Con _____					
Site Contact		Phone #			Main Intersection
<b>Service (&lt;=750 Volts) (5.1.2, 5.1.3, 5.14)*</b>					
Amp					(C006, C007, C008)
Qty					\$
Central Metering (C051)		Amperage		\$	
Permanent Pole Service (C048)		Amperage		\$	
Electronic Metering (e.g. Donuts)		Qty		\$	
Low Voltage Service Maintenance (C072)		Date		\$	
<b>Outlets &amp; Devices (5.4)*</b>					
Outlets		Fixtures	Switches	Street Lighting	
Signs		Motors <1 HP	Htg./Cooking Devices <5kW		
Other (Describe): _____					
Non-Classified (C017)		Qty	Classified (C018)	Qty	\$
<b>Power Outlets: (&gt;20A or &gt;120V)</b>					
Non-Classified (C053)		Qty	Classified (C054)	Qty	\$
<b>Panelboards (Splitters/Disconnects)(&lt;=750 Volts) (5.5)*</b>					
Amp					(C019, C020, C021)
Qty					\$
Describe: _____					
<b>Underground/Overhead Lines (5.6)*</b>					
Underground Trench - Primary Line (C050)		Qty		\$	
Underground Trench - Secondary Line (C049/C050)		Qty		\$	
Inspected at the same time as other work (Y/N) <input type="checkbox"/>					
Primary/Secondary Lines - # of Poles (C044)		Qty		\$	
<b>Temporary Type Services (5.1.5, 5.1.6, &amp; 5.2)*</b>					
Temp 1 Phase (C012)		Qty	Portables (C055)	Qty	\$
Temp 3 Phase (C016)		Qty	Const Trailers (C058)	Qty	\$
Subdivision (C013)		Qty			\$
<b>Miscellaneous Items (5.9, 5.10, 5.12, 5.13, 5.15 &amp; 6.2)*</b>					
Installation of branch circuit only - for equipment (C071)		Qty		\$	
Trolley, Bus Duct, Cable Tray (C028)		m		\$	
Carnivals - # of Booths/Rides (C030)		Qty		\$	
Trade Shows - # of Booths (C059)		Qty		\$	
Billboards (C027)		Qty		\$	
New Traffic Signal System (C045)		Qty		\$	
<b>LV Transformers/Motors &gt;1HP/Generators/Cable TV/Phone Booths (5.7)*</b>					
V					(C023)
HP					
Qty					\$
Describe: _____					
Transformer Pad Grounding (C052)		Hrs		\$	
<b>Driving Directions / Comments / Work Details</b>					
Consultation (M105)		Hrs		\$	
<b>Payment Method</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card					
Card # _____		Expiry _____		<b>Total Fee Estimate</b>	
Name _____				0	
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 <a href="http://www.esasafe.com">www.esasafe.com</a>					

\*See 2008 Electrical Inspection Fee Schedule Section for Details

Form 1015LV-G (Rev June/08)

The total cost may change pending a site visit.

## APPENDIX I

### Labour and Equipment Rates : Effective January 1, 2008

Description	Internal Rate	External Rate	Notes
Director of Operations	\$ 45.50	\$ 50.00	2 hour minimum
Works Dept. Foreman	\$ 34.50	\$ 39.00	2 hours minimum ( 1.5 for overtime )
Water Dept. Foreman	\$ 32.50	\$ 36.50	2 hours min. ( 1.5 for overtime )
Mechanic	\$ 29.00	\$ 35.50	2 hours min. ( 1.5 for overtime )
Gen. Labour ( class 4 )	\$ 26.00	\$ 29.00	2 hours min. ( 1.5 for overtime )
Lead Hand	\$ 28.60	\$ 31.50	2 hours min. ( 1.5 for overtime )
Support Services	\$ 26.00	\$ 29.00	2 hours min. ( 1.5 for overtime )
Motor Grader	\$ 52.00	\$ 72.00	2 hours min. ( 1.5 for overtime )
Loader/Backhoe	\$ 52.00	\$ 72.00	2 hours min. ( 1.5 for overtime )
Compressor	\$ 80.00	\$ 80.00	Day rate, only
Portable Welder	\$ 80.00	\$ 80.00	Day rate, only
Ford 3000	\$ 44.00	\$ 55.00	2 hour min. ( 1.5 for overtime )
John Deere	\$ 44.00	\$ 55.00	2 hour min. ( 1.5 for overtime )
Kubota-245	\$ 44.00	\$ 55.00	2 hour min. ( 1.5 for overtime )
Ditch Witch	\$ 44.00	\$ 55.00	2 hour min. ( 1.5 for overtime )
Street Sweeper	\$ 44.00	\$ 65.00	2 hour min. ( 1.5 for overtime )
Flusher Truck	\$ 44.00	\$ 65.00	2 hour min. ( 1.5 for overtime )
1 Ton Dump	\$ 35.00	\$ 44.00	2 hour min. ( 1.5 for overtime )
3 Ton Dump	\$ 37.00	\$ 46.00	2 hour min. ( 1.5 for overtime )
5 Ton Dump	\$ 39.00	\$ 55.00	2 hour min. ( 1.5 for overtime )
½ Ton Pickup	\$ 32.00	\$ 36.00	2 hour min. ( 1.5 for overtime )
¾ Ton Pickup	\$ 33.00	\$ 37.00	2 hour min. ( 1.5 for overtime )
Scissor Hoist	\$ 32.00	\$ 40.00	2 hour min. ( 1.5 for overtime )

Grass Cutting : Minimum charge = \$ 195.00. Hourly rate = \$ 80.00.

Snow Removal : Minimum charge = \$ 195.00. Hourly rate = \$ 80.00.

Water Shut Off : \$ 50.00 min. charge. Overtime hours / weekends = Call In hours, as per CUPE agreement.

Cemetery ; Labour at \$ 60.00 per hour, 2 hour minimum. Plus applicable equipment rates.

**NOTES:** - Small tools are included in all labour rates.

- All equipment rates include operator and attachments, when utilized.

- All materials / consumables charged at cost, plus 15%, handling and restocking.

- \$ 35.00 administration charge applies to all external cases.

**NO THIRD PARTY RENTAL OF SMALL TOOLS OR EQUIPMENT.**

LIST OF FOOD VENDORS

EVENT NAME: \_\_\_\_\_

	FOOD Vendors Business Name	Owner's Name	Address	Phone Number	Product to be Sold
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

LIST OF MERCHANDISE VENDORS

EVENT NAME:

Vendors Business Name		Owner's Name	Address	Phone Number	Product to be Sold
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

SITE PLAN

Please sketch below the event area indicating the location of food vendors (numbered as indicated on Appendix J-1), garbage receptacles and washrooms.

OR

Attach an equivalent site map.

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## Consent to Release

I \_\_\_\_\_ and \_\_\_\_\_ give the  
Town of Petrolia consent to release contact information (to third parties) for emergency  
purposes regarding (event name) \_\_\_\_\_  
on (date of event) \_\_\_\_\_

Applicant Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_