

Electrical System Inspection Form

Town of Cobourg, Legislative Services
Municipal Law Enforcement & Licensing Services
55 King Street West Cobourg, ON K9A 2M2
Phone: 905-372-8380



Inspection Address: _____, Cobourg

A separate form must be completed for each property.

Electrical Contractor Information

Electrical Contractor's Name: _____

Phone Number: _____

Email Address: _____

E.C.R.A. Licence Number: _____

Master Electrician's Name: _____

Electrician's Name: _____

Electrician's O.C.O.T. Number: _____

Declaration

I hereby certify that the dwelling/building located at _____
has been inspected for compliance with the Ontario Electrical Safety Code and that no visible fire or shock
hazards with the electrical system were identified on this date.

Electrician's signature: _____ Date: _____

Notes

1. Electrical system defects/deficiencies must be repaired before this form is completed. All electrical installation, repair and replacement work in Ontario must be carried out in accordance with the Ontario Electrical Safety Code.
2. A permit from the Electrical Safety Authority may be required

This form may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, as amended. This information will be used and maintained by the Town of Cobourg for administering the Municipal Law Enforcement and Licensing process. Questions regarding this collection may be directed to the Town's Information Access and Privacy Officer, Town of Cobourg, 55 King Street, West, Cobourg, Ontario, K9A2M2, 905-372-4301.