



Schedule 'H' - Electrical System Inspection Form

*This form must be completed by a licenced Electrician

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| Municipal Address: | |
| City: | |
| Postal Code: | |
| Unit # (if applicable): | |

Electrician Contractor Information

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|--------------------------------------|--|
| Electrical Contractor's Name: | |
| Phone Number: | |
| ECRA Licence Number: | |
| Master Electrician's Name: | |
| Electrician's Name: | |
| Electrician's OCOT Number: | |

Declaration

I certify that this unit has been inspected and that there are no visible fire or shock hazards associated with the electrical system.

Signature: _____

Date: _____

*Defects with the electrical system must be repaired before this form is completed. All electrical installation, repair and replacement work in Ontario needs to be done in compliance with the Ontario Electrical Safety Code and typically requires a permit from the Electrical Safety Authority.

Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of determining eligibility for licensing. Questions about this collection of personal information should be directed to the City Clerk, 200 McIntyre Street East, North Bay, ON. (705) 474-0626, ext. 2510.