



**COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING AND SAFETY DIVISION**

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**RESIDENTIAL AND NON-RESIDENTIAL
CHECKLIST FOR PERMITTING ELECTRIC VEHICLES AND
ELECTRIC VEHICLE SERVICE EQUIPMENT (EVSE)**

Please complete the following information related to permitting and installation of Electric Vehicle Service Equipment (EVSE) as a supplement to the application for a building permit. This checklist contains the technical aspects of EVSE installations and is intended to help expedite permitting and use for electric vehicle charging.

Upon this checklist being deemed complete, a permit shall be issued to the applicant. However, if it is determined that the installation might have a specific adverse impact on public health or safety, additional verification will be required before a permit can be issued.

This checklist substantially follows the *“Plug-In Electric Vehicle Infrastructure Permitting Checklist”* contained in the *Governor’s Office of Planning and Research “Zero Emission Vehicles in California: Community Readiness Guidebook”* and is purposed to augment the guidebook’s checklist.

Job Address:	Permit No.
<input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family (Apartment) <input type="checkbox"/> Multi-Family (Condominium) <input type="checkbox"/> Commercial (Single Business) <input type="checkbox"/> Commercial (Multi-Businesses) <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Public Right-of-Way	
Location and Number of EVSE to be Installed: Garage _____ Parking Level(s) _____ Parking Lot _____ Street Curb _____	
Description of Work:	

Applicant Name:	
Applicant Phone & email:	
Contractor Name:	License Number & Type:
Contractor Phone & email:	
Owner Name:	
Owner Phone & email:	

EVSE Charging Level: <input type="checkbox"/> Level 1 (120V) <input type="checkbox"/> Level 2 (240V) <input type="checkbox"/> Level 3 (480V)	
Maximum Rating (Nameplate) of EV Service Equipment = _____ kW	
Voltage EVSE = _____ V	Manufacturer of EVSE: _____
Mounting of EVSE: <input type="checkbox"/> Wall Mount <input type="checkbox"/> Pole Pedestal Mount <input type="checkbox"/> Other _____	

System Voltage: <input type="checkbox"/> 120/240V, 1 ϕ , 3W <input type="checkbox"/> 120/208V, 3 ϕ , 4W <input type="checkbox"/> 120/240V, 3 ϕ , 4W <input type="checkbox"/> 277/480V, 3 ϕ , 4W <input type="checkbox"/> Other _____	
Rating of Existing Main Electrical Service Equipment = _____ Amperes	
Rating of Panel Supplying EVSE (if not directly from Main Service) = _____ Amps	
Rating of Circuit for EVSE: _____ Amps / _____ Poles	
AIC Rating of EVSE Circuit Breaker (if not Single Family, 400A) = _____ A.I.C. (or verify with Inspector in field)	

Specify Either Connected, Calculated or Documented Demand Load of Existing Panel:
<ul style="list-style-type: none"> • Connected Load of Existing Panel Supplying EVSE = _____ Amps
<ul style="list-style-type: none"> • Calculated Load of Existing Panel Supplying EVSE = _____ Amps
<ul style="list-style-type: none"> • Demand Load of Existing Panel or Service Supplying EVSE = _____ Amps (Provide Demand Load Reading from Electric Utility)
Total Load (Existing plus EVSE Load) = _____ Amps
<p><i>For Single Family Dwellings, if Existing Load is not known by any of the above methods, then the Calculated Load may be estimated using the “Single-Family Residential Permitting Application Example” in the Governor’s Office of Planning and Research “Zero Emission Vehicles in California: Community Readiness Guidebook” https://www.opr.ca.gov</i></p>

EVSE Rating _____ Amps x 1.25 = _____ Amps = Minimum Ampacity of EVSE Conductor = # _____ AWG
For Single-Family: Size of Existing Service Conductors = # _____ AWG or kcmil - or - : Size of Existing Feeder Conductor Supplying EVSE Panel = # _____ AWG or kcmil (or Verify with Inspector in field)

I hereby acknowledge that the information presented is a true and correct representation of existing conditions at the job site and that any causes for concern as to life-safety verifications may require further substantiation of information.

Signature of Permit Applicant: _____ Date: _____