



CITY OF SAN CLEMENTE

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. Cutsheets or similar manufacturer's information is required for all equipment.

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 including accessibility, 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-Business)	
<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 _____			
Site Plan denoting all structures on site with location, size and use, location of electrical panel, and type of charging system including mounting. (Required)			<input type="checkbox"/> Y <input type="checkbox"/> N
HOA Approval Letter (Required if Property is located in an HOA and any exterior work is proposed) <input type="checkbox"/> NA			<input type="checkbox"/> Y <input type="checkbox"/> N
Description of Work:			

Applicant Name:	
Phone:	Email:
Contractor Name:	
License Number & Type:	
Phone:	Email:
Owner Name:	
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"/> Other _____
Rating of Existing Main Electrical Service Equipment	Amps
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) (or verify with Inspector in field)	_____ A.I.C.

Specify Either Connected, Calculated or Documented Demand Load of Existing Panel	
Connected Load of Existing Panel Supplying EVSE	Amps
Calculated Load of Existing Panel Supplying EVSE	Amps
Demand Load of Existing Panel or Service Supplying EVSE <i>(Provide Demand Load Reading from Electric Utility)</i>	Amps
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
Minimum Ampacity of EVSE Conductor (EVSE Rating x 1.25)	Amps
Minimum EVSE Conductor Size	AWG
For Single-Family Provide One of the Following:	
Size of Existing Service Conductors	AWG
	kcmil
Size of Existing Feeder Conductor Supplying EVSE Panel	AWG
	kcmil

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: _____