



**CITY OF SANTA FE SPRINGS  
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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
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| Job Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Permit No. |
| <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Single-Family</div><div style="width: 33%;"><input type="checkbox"/> Multi-Family (Apartment)</div><div style="width: 33%;"><input type="checkbox"/> Multi-Family (Condominium)</div><div style="width: 50%;"><input type="checkbox"/> Commercial (Single Business)</div><div style="width: 50%;"><input type="checkbox"/> Commercial (Multi-Businesses)</div><div style="width: 33%;"><input type="checkbox"/> Mixed-Use</div><div style="width: 33%;"><input type="checkbox"/> Public Right-of-Way</div></div> |            |
| 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:<br><input type="checkbox"/> 120/240V, 1 $\phi$ , 3W <input type="checkbox"/> 120/208V, 3 $\phi$ , 4W <input type="checkbox"/> 120/240V, 3 $\phi$ , 4W<br><input type="checkbox"/> 277/480V, 3 $\phi$ , 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.<br><i>(or verify with Inspector in field)</i>                                                                                                                                   |

|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| Specify Either Connected, Calculated or Documented Demand Load of Existing Panel:                              |
| <ul style="list-style-type: none"> <li>Connected Load of Existing Panel Supplying EVSE = _____ Amps</li> </ul> |

|                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Calculated Load of Existing Panel Supplying EVSE = _____ Amps</li> </ul>                                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"> <li>Demand Load of Existing Panel or Service Supplying EVSE = _____ Amps<br/>(Provide Demand Load Reading from Electric Utility)</li> </ul>                                                                                                                                                                                                                           |
| 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" <a href="https://www.opr.ca.gov">https://www.opr.ca.gov</a></i></p> |

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

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: \_\_\_\_\_