



**EVCS CHECKLIST**

City of Belvedere  
450 San Rafael Avenue  
Belvedere, CA 94920  
(415) 435-3838

OFFICE USE ONLY  
PERMIT NO.: \_\_\_\_\_

Please complete and sign the worksheet and submit with a completed building permit application.

This worksheet contains the technical aspects of an Electric Vehicle Charging Station Equipment installation and is intended to help expedite the permitting of EVCS. This worksheet substantially follows the "Plug-in Electric Vehicle Infrastructure Permitting Checklist" (Page 111) contained in the governors Governor's Office of Planning and Research "Zero Emission Vehicles in California: Community Readiness Guidebook" [http://www.opr.ca.gov/docs/ZEV\\_Guidebook.pdf](http://www.opr.ca.gov/docs/ZEV_Guidebook.pdf)

**PROPERTY/WORK DESCRIPTION**

Site Address: \_\_\_\_\_ APN: \_\_\_\_\_

Commercial: Tenant name, and Suite Number: \_\_\_\_\_

Work Description: \_\_\_\_\_

\_\_\_\_\_

SINGLE FAMILY     MULTI FAMILY (APT)     MULTIFAMILY (CONDO)     PUBLIC RIGHT-OF-WAY

COMMERCIAL (SINGLE)     COMMERCIAL (MULTIPLE)     MIXED-USE

Location and Number of EVCS to be Installed:

Garage: \_\_\_\_\_     Parking Level(s): \_\_\_\_\_     Parking Lot: \_\_\_\_\_     Street Curb: \_\_\_\_\_

EVCS Charging Level:     Level 1 (120V)     Level 2 (240V)     Level 3 (480V)

Maximum Rating (Nameplate) of EV Charging System Equipment = \_\_\_\_\_ kW

Voltage EVCS = \_\_\_\_\_ V    Manufacturer of EVCS: \_\_\_\_\_

Mounting of EVCS:     Wall Mount     Pole Pedestal Mount     Other: \_\_\_\_\_

System Voltage:

120/240V, 1  $\phi$ , 3W     120/280V, 3 $\phi$ , 4W     120/240V, 3 $\phi$ , 4W     277/480V, 3 $\phi$ , 4W     Other: \_\_\_\_\_

Rating of Existing Main Electrical Service Equipment = \_\_\_\_\_ Amperes

Rating of Panel Supplying EVCS (if not directly from main panel): = \_\_\_\_\_ Amperes

Rating of Circuit for EVCS: \_\_\_\_\_ Amps / \_\_\_\_\_ Poles

A.I.C Rating of EVCS Circuit Breaker (if not single family, 400A) = \_\_\_\_\_ A.I.C.

Specify Either Connected, Calculated or Documented Demand Load of Existing Panel:

- Connected Load of Existing Panel Supplying EVCS = \_\_\_\_\_ Amps
- Calculated Load of Existing Panel Supplying EVCS = \_\_\_\_\_ Amps
- Demand Load of Existing Panel or Service Supplying EVCS = \_\_\_\_\_ Amps

(Provide Demand Load Rating for Electric Utility i.e. PG&E)

Total Load (Existing plus EVCS Load) = \_\_\_\_\_ Amps

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" [http://www.opr.ca.gov/docs/ZEV\\_Guidebook.pdf](http://www.opr.ca.gov/docs/ZEV_Guidebook.pdf)

EVCS Rating: \_\_\_\_\_ Amps x 1.25 = \_\_\_\_\_ Amps = Minimum Ampacity of EVCS Conductor = # \_\_\_\_\_ AWG

For Single-Family: Size of Existing Service Conductors = # \_\_\_\_\_ AWG or kcmil

OR

Size of Existing Feed Conductor Supplying EVCS Panel = # \_\_\_\_\_ AWG or kcmil

OR

Verify with Inspector in field

**NOTE: A charging station may include essential signage, parking lot striping, wheel stops, bollards and other similar directional and safety improvements as necessary for safe operation of EVCS equipment. Ancillary features proposed beyond those necessary for safe operation of EVCS equipment designed in compliance with Article 625 of the California Electrical Code, such as fences, lighting, canopies, promotional signage, and other similar improvements, may be subject to applicable local zoning and building regulations and review.**

**Permit applications eligible for the expedited permitting process will receive a high priority and be reviewed as early as practical with a processing goal of 3 to 5 business days following receipt of the submittal."**

**The Building Official may require an applicant to apply for a use permit if the Building Official finds, based on substantial evidence, that the electric vehicle charging station could have a specific, adverse impact upon the public health and safety.**

|                              |   |
|------------------------------|---|
| <b>PROPERTY OWNER:</b> _____ | <b>CONTRACTOR:</b> _____                |
| NAME: _____                  | LICENSE #: _____ CLASS _____ EXP: _____ |
| ADDRESS: _____               | ADDRESS: _____                          |
| CITY/STATE/ZIP: _____        | CITY/STATE/ZIP: _____                   |
| PHONE NUMBER: _____          | PHONE NUMBER: _____                     |
| EMAIL: _____                 | EMAIL: _____                            |

**APPLICANT SIGNATURE**

**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 PRINT NAME DATE

I represent the:  Owner  Contractor  Authorized Agent (Please provide a signed "Agent Authorization Form" or letter)