



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

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 φ, 3W 120/280V, 3φ, 4W 120/240V, 3φ, 4W 277/480V, 3φ, 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

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.

PROPERTY OWNER: _____	CONTRACTOR: _____
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)