



COUNTY OF INYO

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. *("Adverse impact" defined at bottom.)*

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.
<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: <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”</i></p> <p>https://www.opr.ca.gov</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 <i>(or Verify with Inspector in field)</i>

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: _____

**An adverse impact on public health or safety may include the absence of air or water for automotive purposes, trash receptacles or bathroom facilities for motorists, or deleterious effects, on or around the proposed location, including but not limited to noise, lighting or visual distractions for motorists or neighboring properties, increased fire risk or the absence of appropriate fire suppression mechanisms or devices, or degradation of the operation of the applicable power system.*