



Community Development Department
 14000 City Center Dr., Chino Hills, CA 91709
 (909) 364-2740 Fax (909) 364-2795
 www.chinohills.org

Permit No.: _____
 Submittal Date: _____
 Accepted By: _____

RESIDENTIAL AND NON-RESIDENTIAL CHECKLIST FOR PERMITTING ELECTRIC VEHICLE CHARGING STATIONS

Please complete the following information related to permitting and installation of Electric Vehicle Service Equipment (EVSE) and submit along with a building permit application. 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.

PROJECT INFORMATION

Address: _____

APN: _____ Tract: _____ Lot: _____ Block: _____

- | | | |
|---|---|--|
| <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"/> Public Right-of-Way | <input type="checkbox"/> Commercial (Multi-Businesses) |
| <input type="checkbox"/> Mixed-Use | | |

Location and Number of EVSE to be Installed:

Garage _____ Parking Level(s) _____ Parking Lot _____ Street Curb _____

Valuation: _____

Scope of Work: _____

PROPERTY OWNER INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

CONTRACTOR INFORMATION

Company Name: _____

Representative Name: _____

Contractor's License No.: _____ Exp. Date: _____ Class: _____

Address, City, St., Zip: _____

Phone No.: _____ Email: _____

Workman's Comp. No.: _____ Exp. Date: _____ Company: _____

City Business License No.: _____ Exp. Date: _____

Applications and fees are subject to change. Please visit our website for the most current version of this application.

EVSE INFORMATION

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

Maximum Rating (Nameplate) of EV Service Equipment = _____ kW

Voltage EVSE = _____ V Manufacturer of EVSE: _____

Mounting of EVSE: Wall Mount Pole Pedestal Mount Other

SYSTEM VOLTAGE INFORMATION

120/240v, 1φ, 3W 120/208V, 3φ, 4W 120/240V, 3φ, 4W

Rating of existing Main Electrical Service Equipment = _____ Amperes

Rating of Panel Supplying EVSE (if not directly from Main Service) = _____ Amperes

Rating of Circuit for EVSE: _____ Amps / _____ Poles

A/C 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:

- 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 = _____ Amps

Total Load (Existing plus EVSE 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" <https://www.opr.ca.gov>

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

(or Verify with Inspector in field)

I hereby acknowledge that the information presented is 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: _____



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SINGLE FAMILY HOME SMOKE DETECTOR/ALARM & CARBON MONOXIDE DETECTOR/ALARM REQUIREMENTS

This application is required to be signed by the homeowner, **NOT** the contractor prior to permit issuance of any project valued at \$1,000 or more.

California State Law requires an operating smoke detector in the following locations:

- In each room used for sleeping purposes.
- Outside each separate sleeping area in the immediate vicinity of the bedrooms
- On each additional story, including basements and habitable attics

California State Law requires an operating carbon monoxide detector in the following locations:

- Outside each separate sleeping area in the immediate vicinity of the bedrooms
- On each additional story, including basements and habitable attics

Multiple-purpose alarms (smoke detector & carbon monoxide) listed and approved by the State Fire Marshal may be used to fulfill the requirements.

You are required to install smoke detectors/carbon monoxide detectors if you make an application for an alteration, repair or addition where the valuation of the work exceeds \$ 1,000.00
(2019 California Residential Code section R314.2 & R315.2)

A City Building Inspector will verify that operating smoke detectors and carbon monoxide detectors are installed per code prior to final inspection of your project. This verification will require access to the interior of your home with an adult present at the time of final inspection. This requirement also applies to reroof permits, patio covers/decks, swimming pools and any project that is valued at \$1,000.00 or more.

Home Owner Verification Statement

I have read the above Smoke Detector/Alarm - Carbon Monoxide Detector/Alarm installation requirements and agree to comply with the requirements prior to the final inspection of my project.

Home Owner Signature

Date

Property Address