



**San Gabriel**  
CITY WITH A MISSION

## CITY OF SAN GABRIEL 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.

Job Address:	Permit No.
<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"/> Commercial (Multi-Business)	
<input type="checkbox"/> Mixed-Use <input type="checkbox"/> Public Right-of-Way	
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 $\phi$ , 3W <input type="checkbox"/> 120/208V, 3 $\phi$ , 4W <input type="checkbox"/> 120/240V, 3 $\phi$ , 4W <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. (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  
(Provide Demand Load Reading from Electric Utility)

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

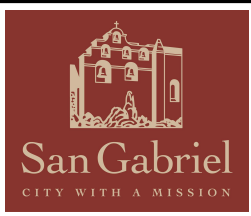
For Single-Family: Size of Existing Service Conductors = # \_\_\_\_\_ AWG or  
kcmil

- or - : Size of Existing Feeder Conductor  
Supplying EVSE Panel = # \_\_\_\_\_ AWG or  
kcmil

*(or Verify with Inspector on the field)*

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: \_\_\_\_\_



**CITY OF SAN GABRIEL**  
**425 S. MISSION DR.**  
**SAN GABRIEL, CA 91776**  
**(626) 308-2806**

**BUILDING DEPARTMENT**  
**PERMIT APPLICATION**

Date:	Plan Check No.:	Plan Check Deposit: \$
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**PROPERTY IDENTIFICATION**

Address:		
APN:	LOT/TRACT No.:	LOT SIZE:

**PROPERTY OWNER INFORMATION**

Name:	Phone No.:
Address:	City/State/Zip:

**CONTRACTOR INFORMATION**

CA State Lic. No.:	City Business Lic. No.:	Exp. Date:
Name:		Phones No.:
Address:		City/State/Zip:

**APPLICANT / CONTACT INFORMATION**

Name:	Phone No.:
Email:	

**ARCHITECT/DESIGNER INFORMATION**

Name:	Phone No.:
Email:	

**PROJECT DESCRIPTION**

Type:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	Other:
Class of Work:	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration <input type="checkbox"/> Demo / Construction Preparation
Use of Building:	Valuation: \$	Fire Sprinkler: Yes / No	
Building SF:	Shade Structure SF:	Garage / Storage SF:	

Masonry Walls / Fencing (Height X Linear Feet):

Scope of Work:

For all new construction (4) four complete sets of plans and (2) sets of Structural/Energy/Truss Calculations are required. Consult with the Building Department for documentation required for plan review and/or permitting.

Applicant Signature: _____	Date: _____
<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent <input type="checkbox"/> Other	

## ELECTRICAL

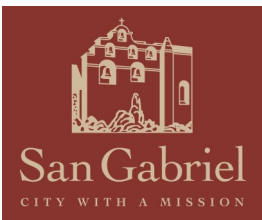
OUTLETS ( ) LIGHTS ( ) SWITCHES ( )
FIXED APPLIANCES UNDER 1 hp. / OVEN / DISP. / F.A.U. / A.C. UNIT/ D.W / W.M. / DRYER / W.H./
MOTORS / TRANSFORMERS / LARGE APPLIANCES
SIZE OR TYPE: Hp. / KVA'S
0 - 1 ( ) 1 - 10 ( ) 10 - 50 ( ) 50 - 100 ( ) 100 + ( )
SERVICES / SWITCHGEARS / PANELBOARDS
0 - 200 AMP'S ( ) 201 - 1000 AMP'S ( ) 100 + ( ) TEMPORARY POER ( )

## PLUMBING

WATER CLOSETS (TOILET) URINALS
BATH TUBS ( ) SHOWERS ( )
FLOOR SINK / DRAIN
LAVATORY (WASH BASIN)
KITCHEN SINK & DISPOSAL
WATER RE-PIPING
WATER HEATER / GALLONS ( ) TANKLESS BTU'S ( )
GAS PIPING
SEWER / SEWER CAP / SEWER REPAIR
BACKFLOW DEVICE / VACUUM BREAKER
GREASE TRAP / INTERCEPTOR
RAIN WATER SYSTEM
WATER MAIN

## MECHANICAL

FORCED AIR SYSTEM - BTU'S ( )
AIR CONDITIONING UNIT Tons ( )
SUPPLIES ( ) RETURNS ( )
HEATERS - FLOORS / WALL UNIT
COMMERCIAL HOODS / RESIDENTIAL HOOD
VENTILATION FANS
EVAPORATE COOLERS



# PLAN CHECK FORM & RECEIPT

Plan Check No: \_\_\_\_\_

Date: \_\_\_\_\_

**Job Address:**

**Applicant Name:**

**Phone Number:**

**Address:**

**Owner:**

**Phone Number:**

**Address:**

Existing Floor Area	No. Stories	Type of Construction	Occ. Group	Site Plan Approved
				<input type="checkbox"/> YES <input type="checkbox"/> NO

New Floor Area	Valuation
House                      Garage	<b>Plan Checker</b>
Commercial	

**Description of Work**

**Historical Site/Comments**       YES       GEF       INVESTIGATE

## NOTES TO THE PLAN CHECKER

- Building**            **Plumbing**
- Title 24**            **Mechanical**
- Calculations**            **Electrical**
- Engineering Plan Check Fees**

Valuation over \$100,000       Yes       No

Under 100,000 P/C Fee @ 65%      RKA Plan Check Fee-Acct. # \_\_\_\_\_

Over 100,000 P/C Fee @ 55%

RKA 55% of Total Plan Check Fee: \_\_\_\_\_

RKA 65% of Total Plan Check Fee: \_\_\_\_\_

**San Gabriel Plan Check Fee:** \_\_\_\_\_

(Gen. Fund Acct. # 121-3621)

**TOTAL PLAN CHECK FEES PAID:** \_\_\_\_\_

**VALIDATION**