



City of Newman Building Department

938 Fresno St. Newman, CA 95360

Phone: (209) 862-3725 (Option 8) Fax: (209) 862-3199

Website: cityofnewman.com Email: buildingdepartment@cityofnewman.com

PERMITTING CHECKLIST FOR ELECTRIC VEHICLE SERVICE EQUIPMENT FOR Existing RESIDENTIAL AND NONRESIDENTIAL BUILDINGS

Please complete the following information related to permitting and installation of electric vehicle chargers/ electric vehicle service equipment (EVCS / EVSE) as a supplement to the application for a electrical and/or building permit. This checklist contains the technical aspects of EVSE installations and is intended to help expedite permitting and use for electric vehicle charging.

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.

Qualifying EVCS / EVSE will be processed similarly to nondiscretionary permits (zone clearance). New EVCS / EVSE that are found to adversely impact public health and safety will not qualify for the streamlined permitting process. A Zone Clearance permit (granted by the Planning Division) shall not be conditioned on approval of an application of an association (<https://www.opr.ca.gov>).

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:	

Permitting Checklist for Electric Vehicle Service Equipment



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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) Fast Charger DC	
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)



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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 in 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: _____