



**City of Hermosa Beach**

Community Development Department | Building & Safety Division

1315 Valley Drive, Hermosa Beach, CA 90254

o: 310-318-0242 e: [planning@hermosabeach.gov](mailto:planning@hermosabeach.gov)

**Office Hours:** Monday – Thursday 7:00 AM – 6:00 PM

**CITY HERMOSA BEACH**  
**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-Businesses) <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 _____	

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Description of Work:

Applicant Name:

Applicant Phone &amp; email:

Contractor Name:

License Number &amp; Type:

Contractor Phone &amp; email:

Owner Name:

Owner Phone &amp; email:

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:

☐ 120/240V, 1 $\phi$ , 3W ☐ 120/208V, 3 $\phi$ , 4W ☐ 120/240V, 3 $\phi$ , 4W☐ 277/480V, 3 $\phi$ , 4W ☐ Other \_\_\_\_\_



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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"><li>• Connected Load of Existing Panel Supplying EVSE = _____ Amps</li></ul>
<ul style="list-style-type: none"><li>• Calculated Load of Existing Panel Supplying EVSE = _____ Amps</li></ul>
<ul style="list-style-type: none"><li>• Demand Load of Existing Panel or Service Supplying EVSE = _____ Amps (Provide Demand Load Reading from Electric Utility)</li></ul>
Total Load (Existing plus EVSE Load) = _____ Amps
<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” <a href="https://www.opr.ca.gov">https://www.opr.ca.gov</a></i>



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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: \_\_\_\_\_