



CHECKLIST FOR RESIDENTIAL ELECTRIC VEHICLE CHARGING STATIONS

Application forms available at: [City of Morro Bay Building Division Services & Links](#)

Submittal Requirements:

- Completed Building Permit Application
- Electrical Load Calculations (If Required)
- Equipment Manufactures Installation Instructions

Electronic Submittals:

- PDF Files of all Required Forms (11x17 max. size)
- Files to: pbruno@morrobayca.gov

REQUIREMENTS:

Equipment Output Power (Continuous Load):

- 240v: 40amp (NEMA 14-50) 240v: 30amp (hardwired only) 240v: 24amp (14-30, L6-30) 240v: 16amp (6-20)
- 120v 16amp (5-20) 12amp (5-15) Other:

Equipment overcurrent protection rating:

- 50amp 40amp 30amp 20 amp 15 amp Other:

Existing electrical service:

- 100amp 125amp 150amp Other:

Branch circuit distance:

- <100 feet >100 feet

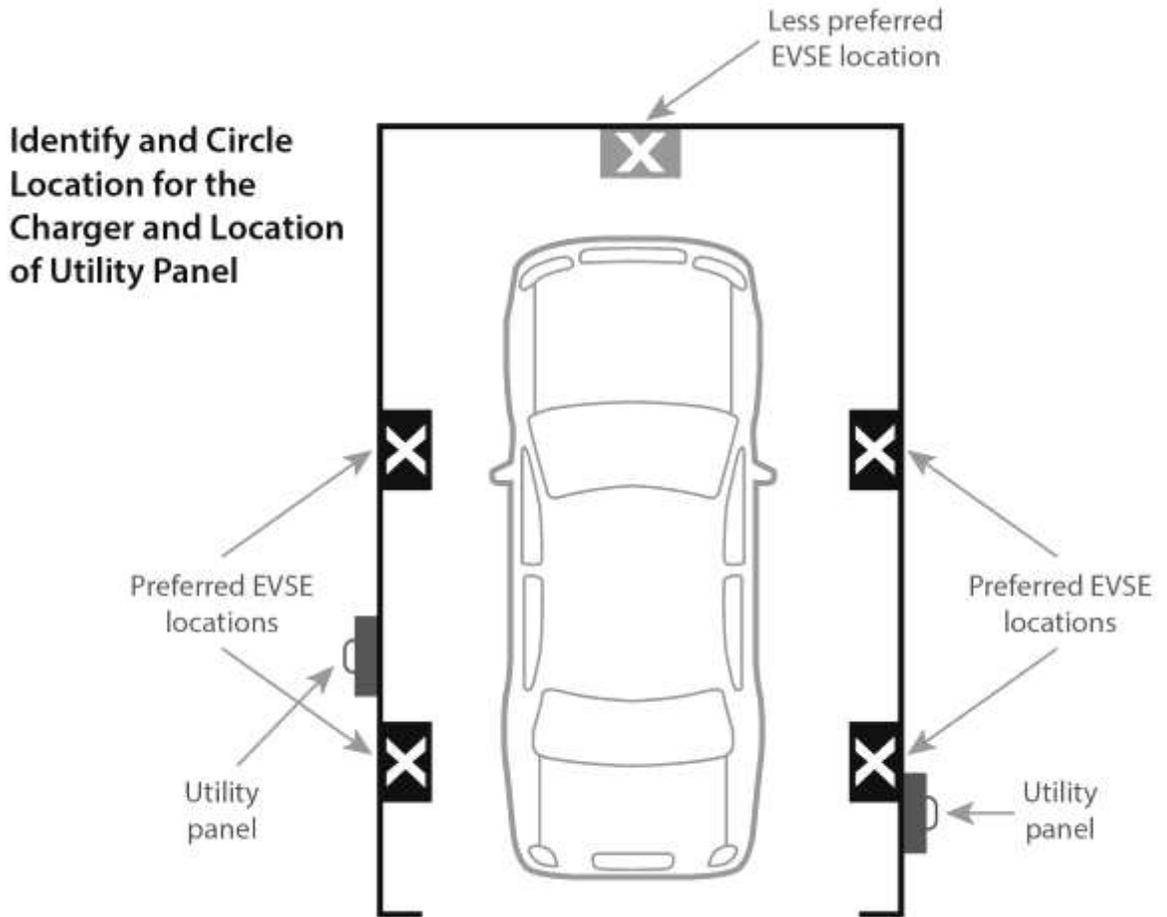
Conductor size:

- #14 Cu #12 Cu #10 Cu #8 Cu #6 Cu Other:

Size of EV Charger Circuit Breaker	Required minimum size of conductors (THHN wire)	Conduit Type and Size*		
		Electrical Metallic Tubing (EMT)	Rigid Nonmetallic Conduit – Schedule 40 (RNC)	Flexible Metal Conduit (FMC)
20 amp	#12	1/2 “	1/2 “	1/2 “
30 amp	#12	1/2 “	1/2 “	1/2 “
40 amp	#10	1/2 “	1/2 “	1/2 “
50 amp	#8	3/4 “	3/4 “	3/4 “
60 amp	#6	3/4 “	3/4 “	3/4 “
70 amp	#6	3/4 “	3/4 “	3/4 “

***Based on 4 wires in the conduit (2-current carrying conductors, 1-grounded conductor, 1-equipment ground).**

Identify location of electric vehicle charging station and utility panel in diagram on next page:





CITY OF MORRO BAY
 COMMUNITY DEVELOPMENT DEPARTMENT
 955 Shasta Avenue
 Morro Bay, CA 93442

For Office Use Only	
<input type="checkbox"/>	Building
<input type="checkbox"/>	Planning
<input type="checkbox"/>	Public Works
<input type="checkbox"/>	Fire
<input type="checkbox"/>	Harbor

RESIDENTIAL BUILDING PERMIT APPLICATION

Application#

Date _____ Type _____ Project Address _____

Assessor's Parcel Number _____

Project Description: *(If your project is adding a minor residential addition of 500 sf or less, please include a completed Soils Report Waiver Request Form with this submittal)*

Project Valuation: _____

Are you adding, altering, or rehabilitating 500 sq. ft. or more of "Irrigated" Landscape? ___ Yes ___ NO

OWNER

Name _____	Phone _____
Mailing Address _____	Phone _____
_____	E-Mail _____

AGENT / REPRESENTATIVE

Name _____	Phone _____
Mailing Address _____	Phone _____
_____	E-Mail _____

CONTRACTOR

Company Name _____	Primary Contact _____
Mailing Address _____	Phone _____
_____	E-mail _____

State License Classification/ Number _____	Expiration _____
City Business License Number _____	Expiration _____

WORKERS COMPENSATION INSURANCE

_____	_____	_____	_____
Type	Policy Number	Company	Expiration Date

AUTHORIZATION OF AGENT/REPRESENTATIVE TO ACT ON BEHALF OF PROPERTY OWNER

I hereby authorize the following person(s) to act as my representative(s) and/or agent(s) to apply for, sign, and file the documents necessary to obtain a Building Permit for my project.

Scope of Construction Project (or Description of Work):

Project Location or Address:

Name of Authorized

Agent: _____

Address of Authorized

Agent: _____

Phone Number of Authorized

Agent: _____

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.

Property Owner's Signature: _____ Date: _____

A copy of the owner's driver's license, or a signed company contract (by the owner), is required to be presented when the application is submitted for review, to verify the property owner's signature.