



Capitola Building Department
420 Capitola Avenue
Capitola, Ca 95010
(831) 475-7300 voice
(831) 479-8879 fax

Electric Vehicle Charging (EVC) Station Uniform Permit Application

Application Date: _____
Municipal Permit #: _____
Property Owner's Name: _____
Property Owner's Address: _____
Telephone: (____) _____ Fax: (____) _____
Cell Phone: (____) _____
Email Address: _____
Applicant's Name: _____
Contractor's Business Name: _____
Contractor's License #: _____
Address: _____
Telephone: (____) _____ Fax: (____) _____
Cell Phone: (____) _____
Email Address: _____

Date Stamp

Occupancy Type: Check One
RESIDENTIAL: One Family Two Family Three Family Multi Family
COMMERCIAL: Please describe: (i.e. Retail, Business, Parking Garage)

Manufacturer of Charging Station: _____

Location of Charging Station (i.e. Garage, Front or back of building) _____

Type of Charging Station: Wall mounted Pedestal type

Level I (120 volts) Level II (208/240 volts) Level III (480 volts)

EXISTING SERVICE:

Size of Main Breaker: ___ Amps Size of EV Branch Circuit ___ Amps

SERVICE UPGRADE: 60 Amps to 100 Amps
 100 Amps to 200 Amps
 200 Amps to 400 Amps

Please describe if other:
