

RESIDENTIAL AND NONRESIDENTIAL EVCS PERMIT APPLICATION



City of Madera

205 West 4th Street, Madera, CA 93637
 (559) 661-5446 www.madera.gov

OFFICE USE ONLY	
Permit #:	
Date Received:	

Fill out this application completely. Incomplete Submittals cannot be processed. See Minimum Submittal Requirements for required documentation. Also, provide a completed "Checklist for Permitting Electric Vehicles and Electric Vehicle Service Equipment (EVSE)".

Project Address

Address: _____
 Parcel No.: _____
 Subdivision: _____
 Lot #: _____

Applicant / Contact (building permit correspondence)

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone #: _____ Cell #: _____
 Email: _____

Property Owner

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone #: _____ Cell #: _____
 Email: _____

Contractor Information (Person / Co. performing the work)

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone #: _____ Cell #: _____
 Email: _____
 CA Contractor's License # _____

Description of Work: _____

Type of Permit	
<input type="checkbox"/> New Residential EVCS	
<input type="checkbox"/> EVCS Plan Change / Addendum (provide list of changes, & Approved Permit # – see Minimum Submittal Requirements)	
<input type="checkbox"/> New Non-Residential / Commercial EVCS	

SCOPE OF WORK (Provide ALL applicable information)			
Type of Use:			
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"/>
Location and Number of EVSE to be Installed:			
Garage:	<input type="checkbox"/>	Number of EVCS:	
Parking Level(s):	<input type="checkbox"/>	Number of EVCS:	
Parking Lot:	<input type="checkbox"/>	Number of EVCS :	
Total Project Valuation (\$):			

WORKER'S COMPENSATION INFORMATION	
<input type="checkbox"/> Maintain Worker's Compensation Insurance	
Policy Number:	
Carrier:	
Expiration Date:	
<input type="checkbox"/> Self-Insured (Provide Information)	
<input type="checkbox"/> Exempt from Worker's Comp. (Provide Proof)	

APPLICANT STATEMENT: I certify that I have read this application and state that all required information and documentation are included and correct. I agree to comply with all the applicable most current building codes, all city ordinances and state laws relating to building construction.

TYPE NAME: _____

SIGNATURE: _____

DATE: _____