


Electric Vehicle Service Design Group

Services for Electric Vehicle Charger Facilities

ELECTRIC SERVICE REQUESTS – SUBMITTAL REQUIREMENTS

The following written information must be submitted to the LADWP before electric service can be provided to your facility.

1. **Service Planning Information Sheet (attached).** – complete & signed
 - Service Wanted Date
 - Job Address based on the street where the facility is located. (Include Zip code)
 - Property Owner Contact
 - Primary point of contact
 - Load Summary (New load only)
2. **Plot Plans and/or site plans (to Scale) detailing the following:** (CAD files upon request)
 - Legal Description. (Lot and Tract Number) (If Applicable)
 - If Facility is located on private property, provide location and outline of any existing structures on the property. Provide property line lengths with dimensions of facility and location to property lines.
 - If Facility is located on public property, provide location and outline of and dimensions to the centerlines of the street and nearest cross street. Include dimensions of facility.
 - Street name, address, and North Arrow.
 - Preferred proposed switchboard and/or metering equipment location, and existing metering equipment locations (if applicable) and preferred location of LADWP Transformer and/or Switch Pads.
 - Locations of any existing overhead utilities (power poles) in the vicinity and any existing easement(s) (if Applicable).
3. **Type of EV Charger Facility (i.e. Level II or Level III EV CHARGING STATION). Include Company name and number of facilities.**
4. **Elevation and building plans** (upon request).
5. **One-Line electrical diagram detailing the following:**
 - Requested service voltage and phase (new and/or existing)
 - Equipment ratings- pull section, panelboard, disconnect, breaker and bus ampacity.
 - New and existing meters and meter numbers
6. **Load schedule summarizing the existing and new proposed connected electrical loads.**

City of Los Angeles Department of Water and Power		Metro East: 2633 Artesian St, Rm 210, Los Angeles 90031 Phone (213) 367-6000 Fax (213) 367-6027	
SERVICE PLANNING INFORMATION		Metro West: 2633 Artesian St, Rm 250, Los Angeles 90031 Phone (213) 367-6000 Fax (213) 367-6089	
		Valley: 7501 Tyrone Ave, Van Nuys, CA 91405 Phone (818) 771-4100 Fax (818) 771-4066	
		Tract: 2633 Artesian St, Rm 210, Los Angeles 90031 Phone (213) 367-8079 Fax (213) 367-8099	
		Customer Station: 2633 Artesian St, Rm 270, Los Angeles 90031 Phone (213) 367-8028 Fax (213) 367-8099	
Link to Form: http://www.ladwp.com/forms		Connection Center: (213) EMPOWER or (213) 367-6937	
1. Project Address: Number Street City Zip Code			2. Service Wanted Date:
3. Project Name	4. Nearest Cross Street	5. Tract Number	6. Lot Number
7. Type of Construction: (check one) <input type="checkbox"/> New <input type="checkbox"/> Remodel		8. Zoning: (check one) <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	
9. Onsite Solar: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Solar (SIP) <input type="checkbox"/> Solar (FiT) <input type="checkbox"/> Battery*		*Supplemental Data Sheet Required	
10. Number of Units	11. Number of Stories	12. Total Building Size sq. ft.	13. Subterranean Garage sq. ft.
14. Project Methane Status (check one): <input type="checkbox"/> No methane present on the project site <input type="checkbox"/> Project site is located in a <u>designated methane zone</u> <input type="checkbox"/> Project site is located in a <u>designated methane buffer zone</u> – test data (methane concentration in ppmv and methane pressure in inches of water column) is required in order to provide service planning information. To obtain a report for methane and other property information, please visit http://zimas.lacity.org			
15. Legal Contact:		16. Phone No. _____	
(Individual responsible for signing contracts, paying fees and receiving potential refunds)		17. E-mail Address: _____	
18. Plans Submitted By: <input type="checkbox"/> Owner <input type="checkbox"/> Electrical Engineer <input type="checkbox"/> Electrical Contractor <input type="checkbox"/> General Contractor <input type="checkbox"/> Architect			
19. Plans Submitted By (Name):		20. Phone No. _____	
21. Company Name:		22. E-mail Address: _____	
23. Address: Number Street Suite City Zip Code			
24. Property Owner Name:			25. Phone No. _____
26. Address: Number Street Suite City Zip Code			
27. Service Type Requested: <input type="checkbox"/> Permanent Overhead <input type="checkbox"/> Temporary Overhead <input type="checkbox"/> Permanent Underground <input type="checkbox"/> Temporary Underground			28. Construction Start Date:
29. Service Voltage: (check one)		<input type="checkbox"/> 120/240V 1Ø,3-wire <input type="checkbox"/> 240Δ/120V 3Ø,4-wire <input type="checkbox"/> 208Y/120V 3Ø,4-wire <input type="checkbox"/> 480Y/277V 3Ø,4-wire <input type="checkbox"/> 4160V 3Ø,3-wire <input type="checkbox"/> 4800V 3Ø,3-wire <input type="checkbox"/> 34,500V 3Ø,3-wire <input type="checkbox"/> other: _____ volt Ø _____ -wire	
30. Service Equipment Rating: (check one)		<input type="checkbox"/> 100 amps <input type="checkbox"/> 200 amps <input type="checkbox"/> 320 amps <input type="checkbox"/> 400 amps <input type="checkbox"/> 600 amps <input type="checkbox"/> 800 amps <input type="checkbox"/> 1200 amps <input type="checkbox"/> 1600 amps <input type="checkbox"/> other: _____ amps	
31. Meter Disconnect Rating: (check one)		<input type="checkbox"/> 100 amps <input type="checkbox"/> 200 amps <input type="checkbox"/> 400 amps <input type="checkbox"/> 600 amps <input type="checkbox"/> 800 amps <input type="checkbox"/> 1200 amps <input type="checkbox"/> 1600 amp <input type="checkbox"/> 2000 amps <input type="checkbox"/> 2500 amps <input type="checkbox"/> 3000 amps <input type="checkbox"/> 4000 amps <input type="checkbox"/> 5000 amps <input type="checkbox"/> other: _____ amps	

32. Load Summary: (complete one (1) load summary for each point of service)					
Service Point No.		House (Non-Tenant) Loads		Tenant Loads	
Electric Loads	Largest Unit	1Ø	3Ø	1Ø	3Ø
Air Conditioning (kW)					
Auxiliary Strip Heating (kW)					
Cooking (kW)					
Elevators (hp)					
EV Chargers (kW)					
General Power (kW)					
Heat Pumps (kW)					
Lighting (kW)					
Motors (hp)					
Receptacles (kW)					
Refrigeration (kW)					
Water Heater (kW)					
Other Loads:					
a:					
b:					
c:					
	Total:				
33. Largest Motor	34. Rated HP	35. Locked-Rotor Current			
36. Motors - 40 HP and above	37. Rated HP	38. Locked-Rotor Current	39. Motor Use		
40. Back up or Emergency Power Generator Switching Information:					
<input type="checkbox"/> <u>Open-Transition Switch</u> Manufacturer & Model number: _____					
<input type="checkbox"/> <u>Closed Transition Switch:</u> Duration of Parallel Operation: <input type="checkbox"/> One Second or Less <input type="checkbox"/> More than One Second Manufacturer & Model number: _____					
<input type="checkbox"/> <u>Programmable Switch:</u> Duration of Parallel Operation in Closed Transition Mode: <input type="checkbox"/> One Second or Less <input type="checkbox"/> More than One Second Manufacturer & Model number: _____					
Notes: Switches that operate in parallel with the Department's electric system for one second or less require that a <u>Certificate of Momentary Operation</u> be completed and filed with the Department. Switches that operate in parallel for more than one second require a that an <u>Interconnection Agreement</u> be completed and filed with the Department.					
41. Additional Comments:					

Submitted By: _____ Date: _____
 Print Name Signature