



LOAD SURVEY AND INFORMATION SHEET FOR COMMERCIAL LEVEL 2 AND DC FAST CAR CHARGERS

TO ALL DEVELOPERS, BUILDERS, CONTRACTORS, DESIGNERS, CUSTOMERS, AGENTS, AND TENANTS:

To help SVP complete our review of your electrical vehicle charger plans and to assist us in establishing the service you request, please complete this form and return it to: Attention: Scott Anderson, Silicon Valley Power, 881 Martin Avenue, Santa Clara, CA 95050 or e-mail sanderson@santaclaraca.gov. Please include any applicable drawings and electrical diagrams. If you have any questions, feel free to call our Electrical Engineering Project Manager in support of the CALeVIP program, Scott Anderson, at 408-615-6628.

BUSINESS NAME: _____ TYPE OF BUSINESS: _____

ADDRESS: _____

OWNER: _____ PHONE: _____

EMAIL ADDRESS: _____

TENANT: _____ PHONE: _____

EMAIL ADDRESS: _____

ARCHITECT/ENGINEER: _____ PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

ELECTRICAL CONTRACTOR: _____ PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TODAY'S DATE: _____ DATE OF PERMIT: _____ PERMIT NO: _____

SIZE OF EXISTING SWITCHGEAR MAIN BREAKER: _____ AMPS

VOLTAGE: _____, PHASE: _____, WIRE: _____

SIZE OF PROPOSED NEW SWITCHGEAR MAIN BREAKER: _____ AMPS

HOURS OF OPERATION: _____ PER DAY, _____ PER WEEK

TOTAL BUILDING SQUARE FOOTAGE: _____, NUMBER OF UNITS/METERS: _____

USEABLE FLOOR SQUARE FOOTAGE: _____, OTHER FLOOR SQUARE FOOTAGE: _____

TYPE OF CAR CHARGER (LEVEL-2 / DCFC / BOTH): _____, HOW MANY?: _____

TOTAL PROPOSED NEW CAR CHARGER LOAD: _____ KW.

ENERGY MANAGEMENT SYSTEM FOR EV LOADS: YES _____ / NO _____



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ELECTRIC LOAD INFORMATION

(EXISTING AND ADDED LOADS)

LIGHTING/RECEPTACLE:	_____	KW
WATER HEATING:	_____	KW
REFRIGERATION:	_____	KW
COOKING:	_____	KW
AIR HEATING	_____	KW
WELDER (INPUT:	_____	KW
X-RAY (INPUT):	_____	KW
OTHER:	_____	KW
STRIP HEATERS:	_____	KW
1-PHASE HEAT PUMP:	_____	KW
3-PHASE HEAT PUMP:	_____	KW
1-PHASE AIR COND.:	_____	FLA
3-PHASE AIR COND.:	_____	FLA
1-PHASE MOTORS:	_____	HP
3-PHASE MOTORS:	_____	HP
LARGEST MOTOR:	_____	HP

FOR OFFICE USE ONLY:

CURRENT TRANSFORMER SIZE: _____ **CURRENT CAPACITY PAID:** _____