City of Orange

Electrical Vehicle Charging Station (EVCS) Permit Application

Project Address including Unit/Space No & Zip Code:	**PERMIT NO:**

Property Owner Name:

Phone No:		Email:	
Address:		Contact/Agent Name:	
City/State/Zip Code:		Phone No:	Email:
Architect/Engineer/Designer Name:		**Contractor Name:**	
Phone No:	Email:	Phone No:	Email:
Address:		Address:	
City/State/Zip Code:		City/State/Zip Code:	
CA Arch/Engineer/Designer License No:	**Expiration Date:**	**CA Contractor License No:**	**Class:** / **Expiration Date:**
Payment Method: ❍ **Check #**_____ ❍ **Visa/MasterCard** ❍ **Cash**		**City Business License No:**	**Expiration Date:**

Proposed Work Description:

Number of Vehicle Chargers	Electrical Panel Upgrade: Yes ☐ No ☐