## City of St. Charles

## Municipal Electric Office

Two East Main Street – St. Charles IL 60174 630/377-4407



## Electric Vehicle (EV) Charger Permit Application

## ONLY TO BE USED FOR EV CHARGERS

Applicant Name:	Phone:				
Original Signature:	Fax:				
Contact Name:	Phone:				
Email Address:	_				
Application Date: Reque	Requested Service Date:				
Existing Building	Service Voltage Utilized				
Residential Commercial Industrial	Single Phase 120/240 Single Phase 120/208 Three Phase 120/240 120/208 277/480				
ELECTRIC VEHICLE CHARGER CONNECTED EV kW ( <u>NOT AMPS</u> )  Electric Service Size amps					
EXISTING SERVICE AI	DDRESS				
Street Address:					
CUSTOMER BILLING ACCOUNT INFORMATION (This information must match the Utility Billing Account)					
Name:					
Street Address:					
City/State/Zip	Phone:				
Authorized representative or agent:	Phone:				

	<b>BUILDING DIVI</b>	SION OFFICE USE	
Application Accepted By:  Date Payment Received:  Building Permit No.:		Date Application Receive	ed:
		Method of Payment:	
ELECTRIC DEPARE			
		Date:	
<u>ITEM</u>	ACCOUNT #	CHARGES (\$)	AMOUNT PAID
Project Cost:	- 200999 45405		_
SOCC: VACANT	200999 48500		_
SECC: VACANT	200999 48501		_
SOCC:	200999 48502		N/A
SECC:	200999 48503		_
Upgrade Charges:	200999 48504		_
Engineering:	200999 45206		
Temp Connection:	200999 45407		_
Electric Improvement:	200999 45404		
Relocation			
Subtotal			N/A
Less contribution- if app	licable		N/A
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<b>Total Amount of C</b>	harges:		

Electric Project No.:	 	-	