

SCE Charge Ready Home Program Sample Supporting Documents & Application Checklist

Application Checklist

- ☐ Verify participation eligibility at [Charge Ready Home-SCE](#).
- ☐ Complete online application by creating an account.
 - *Please note your SCE login will not work for this site.*
- ☐ Submit all required documents:
 - Proof of identity (Government Issued ID)
 - EV Charger Attestation Form
 - Income verification documents for IRS verification applications
 - Household Summary Form
 - 4506-C for all individuals over the age of 18
 - Proof of Public Assistance for eligible programs
- ☐ Once the application is submitted, please wait to receive your Pre-Qualification ID. This Prequalification ID is how your contractor will get paid so please do not provide it to anyone but your selected in-network contractor.
 - *Please ensure EVHome@scerebate.com is added to your email contacts to prevent emails from being placed in your spam folder.*
- ☐ Review in-network contractors [here](#).
- ☐ If you choose to work with an out-of-network contractor, please note that you will need to reply to your pre-Qualification email and request to file a self-claim, so our team can convert your application to a rebate issued directly to you as the customer. This means you will pay your contractor first and be responsible for all additional paperwork. See sample claims documents on pages 13-15.

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Proof of Identity (Government Issued ID)

A copy of the resident's current (not expired) government ID, such as a California driver license, should be submitted for proof of identity. Please ensure all edges of the license are visible and all text is legible in your photo or scan. ID must be current and unexpired.



*If address listed on application does not match the ID address, you will be asked to provide a copy of your Southern California Edison utility bill.

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EV Charger Attestation Form

A full version of this form can be found [here](#). Please note that if any section is left incomplete/blank your application will be rejected. Please note that Property Eligibility is required to be completed in order to complete application review.



Electric Vehicle Charger Installation Attestation Form

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SCE Charge Ready Home Program

Southern California Edison Charge Ready Home Program (Program) participants must (1) install a Level 2 (L2) Charging Station (hardwired or plug-in) prior to receiving the rebate; or (2) attest that they are planning to install an L2 Charging Station no later than 180-days after installing the panel upgrade and install such L2 Charging Station within that timeframe. By signing this attestation, you confirm that you understand and agree to comply with this Program requirement. For complete Program requirements, see the SCE Charge Ready Home Terms and Conditions.

This attestation must be signed by the same person that submits the Charge Ready Home application. If the applicant does not own the property, the property owner must also sign the attestation. The applicant is responsible for obtaining the property owner's signature.

More information is available on the [How to Apply](#) page.

All fields are required to be completed, except for the Property Owner Information which is only required if the applicant does not own the property.

Installation Address

The information below must match the information entered on the Charge Ready Home application. Discrepancies will delay processing of your application. Applicant refers to the individual applying for the Charge Ready Home rebate.

Applicant Name

Installation Street Address

City

State

ZIP Code

Phone

Email

Property Ownership Information

Please complete the following information.

If you are not the property owner, please have the property owner fill out and sign the Property Owner section.

☐ Applicant is the property owner

☐ Applicant is not the property owner

Property Eligibility

I acknowledge that I have read and understood the Charge Ready Home Program Terms & Conditions. I agree that my property must meet the program guidelines in addition to the prequalification standards. By continuing with the rebate process, I agree that my current electrical Main Panel is less than 200 amps and is not shared with another property. I understand that if my panel does not meet program requirements, I will not be eligible for a rebate under the Charge Ready Home Program.

☐ I Have Read & Agree to the Terms of the Charge Ready Home Program

☐ My current Main Electric Panel is Less than 200 Amps

☐ My current Main Electric Panel is not shared with another Residence

Attestation

Applicant hereby represents and warrants that: 1) all the information provided above is true and correct; 2) the individual signing understands that the Charge Ready Home program provides rebates for electric panel upgrades to prepare homes for Level 2 EV charging; and 3) applicant has installed or plans to install, and shall install, a Level 2 (L2) Charging Station no later than 180-days after receiving the panel upgrade.

Printed Name _____

Signature of Applicant _____ Date _____

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Property Owner	
<p>If the applicant is the same as the property owner, please check the appropriate box in the Property Ownership Information section above and leave this section blank. Otherwise, this section is required for the form to be deemed complete.</p> <p>Please provide the name of the property, city, trust or individual that owns the property.</p> <p>Property Owner Name _____</p>	
<p>Please provide the following contact information for the property owner or a representative of the property owner who can answer follow-up questions if needed.</p> <p>Representative _____</p> <p>Phone _____ Email _____</p>	
<p>By signing below, the property owner represents and warrants that: 1) the property owner is the vested owner of the real property located at the address listed in the Installation Address section and 2) the property owner consents to (1) the installation of an electrical panel upgrade of the property; and (2) the applicant's participation in the Charge Ready Home program. For more details about the Program, including its Terms and Conditions, go to evhome.sce.com.</p> <p>Signature of Property Owner Representative _____</p> <p>Printed Name _____ Date _____</p>	

** This section must be signed and completed by the property owner if different than the applicant.*

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Household Summary Form

This document only needs to be submitted if applying for an income-qualified incentive and you are not enrolled in one of the qualified public assistance programs.

*Please note that per Section 3 of this document all members of the household regardless of income earned must be listed and a copy of the 4506-C must be signed and returned to complete the household income verification process.

The pre-filled version of this form will be provided to you during the application process. You can also download a copy of this document [here](#). Please submit a complete, clear and legible scan/photo with all details visible.



Household Summary Form

SCE Charge Ready Home Program

You may be eligible for the income-qualified rebate if you meet the annual gross income limits set by the California Department of Housing and Community Development for your household size for the county within the Southern California Edison territory in which you reside. **To determine if you are eligible for the income-qualified rebate, please fill out, sign, date, and return this Household Summary Form.**

- **Household size** includes the taxpayer(s) and any individuals who are claimed as dependents on one federal income tax return. A tax household may include a spouse and/or dependents. Individuals that reside at the Service Account address but that are not listed on the applicant's filed tax return will not be included in the "household size" for the purposes of the Rebate.
- **Household income** includes, but is not limited to, the following: Wages, unemployment, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

1. Fill out lines A, B and C below regarding your household size. Enter "0" if N/A.

- A. Enter the number of individuals age 18 or older in your household (including you and any spouse or dependents age 18 or older included in your tax return)
- B. Enter the number of dependents included in your tax return age 17 or younger
- C. Enter total number of individuals of any age included in your tax return (add lines A + B)

2. Enter the name of each household member aged 18 or older included in your federal income tax return filed for the same year.

Individual	Individual Full Name (including you and any spouse or dependents age 18 or older included in your tax return)
1 - Applicant	
2	
3	
4	
5	
6	
7	
8	

3. Fill out, sign, and return a copy of IRS Form 4506-C for each person aged 18 or older listed in the table above.

4. Check mark the applicant certification fields below. Both fields must be checked to be eligible for Rebate Plus.

- ☐ I am not claimed as a dependent on someone else's tax return.
- ☐ I certify under penalty of perjury that all the information I am providing in this application, including the information about my household size, is accurate to the best of my knowledge, after reasonable inquiry.

Applicant's Full Residential Address (at the time of purchase or lease):

Applicant Signature: _____ Date: _____

Applicant Name: _____ Application ID: _____

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IRS Form 4506-C

This document only needs to be submitted if applying for an income qualified incentive and not enrolled in one of the qualified public assistance programs.

A form must be submitted for all individuals over 18 years of age in the household.

The prefilled version of this form will be provided to you during the application process.

[Click here](#) to get a copy of this form. Please submit a complete, clear, and legible scan/photo with all details visible.

Form 4506-C (October 2022)		Department of the Treasury - Internal Revenue Service IVES Request for Transcript of Tax Return		OMB Number 1545-1872	
Do not sign this form unless all applicable lines have been completed. Request may be rejected if the form is incomplete or illegible. For more information about Form 4506-C, visit www.irs.gov and search IIVES.					
1a. Current name I. First name II. Middle initial III. Last name/PAF company name		2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers) I. Spouse's first name II. Middle initial III. Spouse's last name			
Fill in all applicable fields in the green sections.					
1b. First name		2b. Spouse's first name			
1c. Previous name I. First name II. Middle initial III. Last name		2c. Spouse's previous name I. Spouse's first name II. Middle initial III. Spouse's last name			
3. Current address a. Street address b. City c. State d. ZIP code		4. Previous address a. Street address (including apt., room, or suite no.) b. City c. State d. ZIP code			
5a. IIVES participant name, ID number, SOA mailbox ID, and address I. IIVES participant name Center for Sustainable Energy II. Street address (including apt., room, or suite no.) 3960 Sherman Street, Suite 170 III. City San Diego IV. State CA V. ZIP code 92110		5b. Customer file number (if applicable) (see instructions) 5c. Unique Identifier (if applicable) (see instructions)			
6d. Client name, telephone number, and address (this field cannot be blank or not applicable (N/A)) I. Client name Center for Sustainable Energy II. Street address 3960 Sherman Street III. City San Diego IV. State CA V. ZIP code 92110 VI. Telephone number 714-291-1040					
This section is pre-filled for your convenience. Please DO NOT edit.					
7. Wage and other income a. Enter amount b. Mark the line to					
8. Year or period requested. Enter the ending date of the tax year or period using the full six digit format (see instructions) 12 / 31 / 2021					
Caution: Do not sign this form unless all applicable lines have been completed.					
Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1c and 2a-2c, both spouses must sign the request. If signed by a corporate officer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. NOTE: This form must be received by IRS within 120 days of the signature date.					
<input checked="" type="checkbox"/> I, the undersigned, declare that I have read the above attestation clause and upon so reading declare that I have the authority to sign this form 4506-C. See instructions.					
Sign and print name of taxpayer(s)		Date		Phone number of taxpayer(s) (include area code)	
Fill in all applicable fields in the green sections.					
*Please do not Check the Authorized Representative Box ** Electronic Signatures will be rejected					
Sign Here					
Catalog Number 72627P		www.irs.gov		Form 4506-C (Rev. 10-2022)	
For Privacy Act and Paperwork Reduction Act Notice, see page 2.					

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Public Assistance Program Enrollment Document

This document needs to be submitted only if you are applying for an income-qualified incentive and are enrolled in one of the qualified public assistance programs listed below.

Applicants enrolled in a qualifying state or federal program must submit a document that at a minimum provides the following information:

- Applicant name.
- Name of the qualifying program (see list below).
- The government entity (state or tribal) or the managed care organization that issued the document.
- An issue date within the last 12 months or a future expiration date beyond the date of application submission.

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Qualifying State and Federal Programs

- Bureau of Indian Affairs General Assistance: <https://www.benefits.gov/benefit/801>
- CalFresh/SNAP (Food Stamps): <https://www.benefits.gov/benefit/1228>
- CalWORKs (TANF)/Tribal TANF: <https://www.benefits.gov/benefit/1229> or <https://www.benefits.gov/benefit/627>
- Drive Clean in the San Joaquin Replace Program: <https://www.valleyair.org/>

Individuals with applications and supporting documents submitted on or after the eligible date listed on the Program Requirements page may qualify by providing their Drive Clean in the San Joaquin Replace Program approval letter that confirms their verified household income is 80% or less of the Area Median Income (AMI) for the applicant's county.

- Head Start Income Eligible (Tribal only): <https://www.benefits.gov/benefit/1899>
- Low Income Housing Energy Assistance Program: <https://www.benefits.gov/benefit/1540>
- Medi-Cal (Income-Qualified Medi-Cal only): <https://www.benefits.gov/benefit/1620>
See Page 9 of this document for details on acceptable Medi-Cal supporting documents.
- Medi-Cal for Families (Healthy Families A&B): <https://www.dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx>
- Supplemental Security Income (SSI): <https://www.benefits.gov/benefit/4412>
Please note that Social Security Income is not considered public assistance and is not accepted in this program. Documentation must explicitly indicate Supplemental Security Income.
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<https://www.benefits.gov/benefit/2041>
- Southern California Edison's Pre-Owned EV Rebate Program: <https://evrebates.sce.com/>

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Medi-Cal Proof of Participation

There are two different types of Medi-Cal accepted in this program. It is your responsibility to know which program you are enrolled in.

The main difference between Medi-Cal income and Medi-Cal Healthy Families is that income is used to determine eligibility for Medi-Cal, while Healthy Families is a low-cost insurance program for children and teens who don't qualify for free Medi-Cal.

Medi-Cal Income Verified

Income is a factor in determining eligibility for Medi-Cal, California's Medicaid program. Income includes earnings from a job, unemployment benefits, disability benefits and more. If a family's income is within the Medi-Cal limits for their family size, they may be eligible for free or low-cost coverage.

Medi-Cal Healthy Families (A&B)

Healthy Families is a low-cost insurance program for children and teens who don't qualify for free Medi-Cal. Children enrolled in Healthy Families will not lose their health, dental or vision coverage when they transition to Medi-Cal. All children enrolled in Healthy Families have been transitioned into the Optional Targeted Low Income Children Program (OTLICP).

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Medi-Cal Income Verified

This document needs to be submitted only if you apply for the income-qualified program and you are enrolled in income-qualified Medi-Cal.

Applicants submitting proof of enrollment for income-qualified Medi-Cal **must** provide the Notice of Action Medi-Cal Approval Letter that confirms their income verified within the last 12 months. We do not accept health insurance membership cards for this requirement.

COUNTY OF LOS ANGELES **STATE OF CALIFORNIA**
HEALTH AND WELFARE AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE DATE: [REDACTED]
CASE NAME: [REDACTED]
CALHEERS CASE NUMBER: [REDACTED]
SAWS CASE NUMBER: [REDACTED]
WORKER NAME: [REDACTED]
WORKER ID: [REDACTED]
TELEPHONE NUMBER: [REDACTED]
CUSTOMER ID: [REDACTED]

COVERED CALIFORNIA

**NOTICE OF ACTION
MEDI-CAL APPROVAL**

Dear [REDACTED],

We have reviewed your eligibility for Medi-Cal. We used the information you gave us and state and federal data to make this decision.

[REDACTED]

You qualify for Medi-Cal because your household income is below the Medi-Cal limit. Your eligibility for Medi-Cal begins [REDACTED]. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.

We counted your household size and income to make our decision. For Medi-Cal, your household size is [REDACTED] and your monthly household income is [REDACTED]. The monthly Medi-Cal income limit for your household size is [REDACTED]. Your income is below this limit, so you qualify for Medi-Cal.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may be changed if you ask for a hearing before this action takes place. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

- You qualify for other health insurance.
- You move, and move to a new county, you can report your change to your new county.

You may report changes to your local county office in person or by mail, fax, phone or electronically. The contact information is on the back page of this notice.

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Medi-Cal Healthy Families (A&B)

This document needs to be submitted only if you apply for the income-qualified program and you are enrolled in income-qualified Medi-Cal.

Norco Self Sufficiency
517 PARKSIDE AVE
NORCO, CA 92860

VERIFICATION OF BENEFITS

COUNTY OF RIVERSIDE

Date: 07/26/2024
Case Name: Karen Customer
Case Number: A111111
Worker Name: Norco MC Backlog Mar
Worker ID: 33L5412D08
Worker Phone Number: (877) 410-8827

Karen Customer
123 Disney Way
LAKE ELIZABETH, CA 92532-2730

Physical Address:

Home Phone Number:

Monthly Benefits									
Month/Year	CalWORKs	GA/GR	RCA	CAPI	Cash Aid Assistance Unit Size	CalFresh	CF Household Size	MC	CMSP
07/2023								Y	N
08/2023								Y	N
09/2023								Y	N
10/2023								Y	N
11/2023								Y	N
12/2023								Y	N
01/2024								Y	N
02/2024								Y	N
03/2024								Y	N
04/2024								Y	N
05/2024								Y	N
06/2024								Y	N
07/2024	995.00				4	973.00	4	Y	N

CSF 142 (10/2020)

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12/22/22



Account Summary
Payment History
Manage Profile
FAQs
Contact Us
Home
Log Out

HealthyFamiliesMedi-Cal for Families Program

[Home](#)

Payment History

If you have multiple accounts, select the specific account history you want to see with the drop-down menu, then select "View".

Kids Healthy Families

History Criteria

Applicant Name:

Family Member Number:

Account Nickname: Kids Healthy Families

Created: Thu Dec 22 13:49:43 EDT 2022

Your payment history is below. You can Cancel a pending payment that you initiated, or you can View any payment to allow downloading or printing of the payment confirmation. You can Print this table of information by selecting "Print" below.

Status definitions are listed below as well. Amounts shown in red are credits.

Confirmation Number	Scheduled Pay Date	Status	Total Debit	Payment Source	
<input type="text"/>	02/18/2022	COMPLETED	\$32.00	ePaybill - PAYMENT	View
<input type="text"/>	04/01/2022	COMPLETED	\$64.00	ePaybill - PAYMENT	View
<input type="text"/>	05/28/2022	COMPLETED	\$96.00	ePaybill - PAYMENT	View
<input type="text"/>	07/30/2022	COMPLETED	\$96.00	ePaybill - PAYMENT	View
<input type="text"/>	09/22/2022	COMPLETED	\$48.00	ePaybill - PAYMENT	View
<input type="text"/>	10/30/2022	COMPLETED	\$72.00	ePaybill - PAYMENT	View
<input type="text"/>	11/23/2022	COMPLETED	\$48.00	ePaybill - PAYMENT	View

PENDING - These payments have been initiated or scheduled, but have yet to be sent through the payment system for execution. When a payment is set to be initiated, this status will appear.

COMPLETED - Once sent to the payment system, passing edits and verified as successfully submitted, a payment or credit is "completed." Returned payments are considered completed but will be noted as a reversal in the Payment Source column.

CANCELED - If the consumer or a CSR deletes a payment transaction, the payment detail will still be available, but now with a "canceled" status.

<https://payments.bankofamerica.com/cspagb00/payment-history.do>

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SCE Charge Ready Home Program Sample Supporting Documents & Application Checklist

Supplemental Security Income (SSI)

1 of 2 Social Security Administration
Benefit Verification Letter

Date: January 14, 2022
BNC#: [REDACTED]
REF: DI

[REDACTED] Applicant Name + Mailing Address

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning December 2021, the current Supplemental Security Income payment is \$1,040.21.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.
(For example, Supplemental Security Income Payments for March are paid in March.)

We found that you became disabled under our rules on September 1, 1999.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

Date of Birth Information

The date of birth shown on our records is [REDACTED]

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

See Next Page

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GRID Alternatives Pre-Qualification Letter



Application Pre-Approval Letter Charge Ready Home Program

GRID Alternatives confirms that [CUSTOMER NAME] has been pre-approved for participation in the Charge Ready Home Program. This letter verifies [CUSTOMER NAME]'s income eligibility for the program.

Customer Name:

Customer Address:

Customer Phone:

Customer Email:

Based on [CUSTOMER NAME]'s total household income, household size, and address, their Area Median Income (AMI) percentage is ____, which falls below the Charge Ready Home Program income qualification limit of 80% AMI.

GRID Alternatives has collected and reviewed income and household information from [CUSTOMER NAME] and attests that [CUSTOMER NAME] is eligible per the terms of the Charge Ready Home Program.



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Southern California Edison's Pre-Owned EV Rebate Program

From: [EV](#)
To: [John Smith](#)
Subject: Application Approved - SCE Pre-Owned EV Rebate S-000000
Date: Tuesday, April 15, 2025 4:44:50 PM

Caution: This email originated outside of CSE. Please be careful before taking any action, including clicking links or attachments.

Dear John,
Congratulations! Your SCE Pre-Owned EV Rebate application has been approved for your Audi e-tron 55 quattro for \$4,000.00.
You will receive an email notification once your payment is sent. Delays beyond normal processing times may occur.
In the meantime, please let us know if you have any questions or concerns.
Did you know there is a rate plan for EV owners? Find out if the TOU-D-PRIME rate plan is right for you. [Learn More!](#)

Sincerely,

The SCE Pre-Owned EV Rebate Team

Administered by:

Center for Sustainable Energy®

3980 Sherman Street, Suite 170

San Diego, CA 92110

Office (888) 851-2723

ev@scerebate.com

[evrebates.sce.com]evrebates.sce.com



The SCE Pre-Owned EV Rebate is a Southern California Edison (SCE) rebate program for eligible EV owners. The Center for Sustainable Energy (CSE) implements the SCE Pre-Owned EV Rebate on behalf of SCE.

[Privacy Notice](#) | [Terms and Conditions](#)

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SCE Charge Ready Home Program Sample Supporting Documents & Application Checklist

Claims Processing and Post Installation Proof

These are examples of the documents required by contractors and applicants using the customer-managed application process to complete their rebate claim.

Itemized Invoice

Your invoice needs to be detailed. It is important to show every level of work completed and the service fees related to the rebate program. Invoices should also include the following information:

- Date of service
- Address of installation
- Permit fees
- Line level Cost Breakdowns

Energy Electric

123 Energy Drive
San Diego, CA 91632
760-307-8055 |
joe@joenergy.com | JoeEnergy.com

CUSTOMER
John Doe
987 Solar Circle
San Diego, CA 91632
562-867-5309 | Johndoe@blank.com

INVOICE

INVOICE # 12345
DATE 08/20/2024

FOR Panel Upgrade 100 amp to 200& 240
Outlet Install
CRH-001234
Charge Ready Home Program

Description	Amount
Panel Upgrade 100a to 200a	3800.00
Siemen 200amp Panel -1000.00	
Installation Labor -1500.00	
Stucco Repair-600.00	
Miscellaneous Wiring service- 400.00	
Grounding Service – 300.00	
Level 2 Charger Installation	600.00
NEMA 14-40 V Outlet install- 400.00	
Wiring Conduit- 200.00	
Level 2 Charger Generic	450.00
Permit Fees – City of San Diego	375.00
Additional 240 Outlet- Kitchen	600.00
Total	\$5,825.00
Charge Ready Rebate	-\$4,200.00
Deposit Paid	-\$500.00
Total Amount Due by Customer	\$1,125.00

Make all checks payable to Energy Electric
Payment is due within 30 days.
Thank you for your business!

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Permit/Final Inspection Documentation

Permits will vary depending on issuing authority, however, you will want to look for the following

items on every permit or final inspection for approval.

- Date
- Issuing Authority
- Site Address matches Installation Address
- Permit Type
- Permit Number
- Description of Work
- Signature (*Online permits may not be signed but should be marked as online obtained or approved by issuing authority*)

CITY OF PICO RIVERA
BUILDING DIVISION
6615 PASSONS BLVD
TEL: (562) 801-4360

PERMIT NO.
BP-2464460
Residential Electrical Permit
ISSUE DATE: 03/07/2024

JOB ADDRESS: 123 Magic Main Way Anaheim CA 11111
PARCEL NO: 0386-016-002
DESCRIPTION: Upgrade panel to 200 amp & EV charger install
ISSUED TO: Goofy Construction
ADDRESS: 555 Hyuck Blvd
OWNER NAME: Mickey Mouse
ADDRESS: 123 Magic Main Way Anaheim CA 11111
PHONE: (310) 502-1093

Description	Quantity	Amount
ELECTRICAL ISSUANCE FEE	-	\$ 60.00
ELECTRICAL PANEL UP TO 200 AMPS	1.00	\$ 49.00
ELECTRICAL RELEASE	-	\$ 65.00
AUTO BLDG PERMIT & INS SYS SURCHARGE	-	\$ 1.80
SB 1473 GREEN FEE	-	\$ 1.00
GENERAL PLANNING CODE MAINTENANCE	-	\$ 2.70
AB717 TRAINING SURCHARGE	-	\$ 24.00
TECHNOLOGY SURCHARGE	-	\$ 6.11
Total Paid		\$ 209.61

FOR INSPECTION CALL: (562) 801-4360

Please state the type of inspection, job address and permit number. Requests for inspection shall be made at least twenty-four hours in advance. Depending on volume of requests, inspections may exceed twenty-four hours to respond.

NOTE:
This permit expires and becomes null and void should work not be commenced within 365 days from validation date or should authorized construction be suspended or abandoned for a period of 180 days after work has commenced.

CITY OF PICO RIVERA
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
INSPECTION RECORD

JOB ADDRESS: 123 Magic Main Way Anaheim CA 11111
OWNER: Mickey & Minnie Mouse
CONTRACTOR:
DATE ISSUED: 03/07/2024 **PERMIT #:** BP-2464460
DESCRIPTION OF WORK: Upgrade panel to 200 amp

Inspection Requirements:
-Ladders must be provided by property owner/contractor for all roofing inspections.
-Do not place concrete until foundation footings have been approved.

INSPECTIONS	DATE	SIGNATURE	INSPECTIONS	DATE	SIGNATURE
SET BACK			DRYWALL NAILING		
FOOTING/STEEL			INSULATION		
DO NOT PLACE CONCRETE UNTIL ABOVE IS APPROVED			EXTERIOR GLAZING		
UNDER FLOOR HEATING/REFRIG			SCRATCH		
UNDER FLOOR ELECTRICAL			BROWN		
UNDER FLOOR PLUMBING/GAS			SEWER		
O.K. TO COVER FLOOR JOIST			GAS TEST		
O.K. TO PLACE CONCRETE SLAB			ELECTRIC SERVICE	3/10/24	P.S.
DO NOT PROCEED UNTIL ABOVE WORK IS APPROVED			DO NOT PROCEED UNTIL ABOVE WORK IS APPROVED		
VERTICAL REINFORCING			PLUMBING FINAL		
HORIZONTAL REINFORCING			HEATING & REFRIG FINAL		
ROOF BEAM			ELECTRICAL FINAL		
COLUMN REINFORCING			FIRE DEPARTMENT FINAL		
DO NOT PROCEED UNTIL ABOVE WORK IS APPROVED			BUILDING INSPECTION FINAL	3/21/24	P.S.
STRUCTURAL ROOF & SHEATHING			SWIMMING POOLS		
WALL BRACING & SHEATHING			MAIN DRAIN STEEL & BONDING		
ROUGH ELECTRICAL	3/20/24	P.S.	POOL PIPING		
PLUMBING, PIPING & TOP-OUT			ELECTRICAL		
ROUGH HEATING/REFRIGERATION			POOL EQUIPMENT		
ROOFING			FENCES & GATES		
ROUGH FRAMING			IT IS UNLAWFUL TO OCCUPY THIS BUILDING OR STRUCTURE BEFORE FINAL APPROVAL		
O.K. TO COVER					

3/20/24 - PROVIDE ARC-FAULT BREAKERS DUE TO PANEL ~~UPGRADE~~ MOVED 7 FT. FROM BASELINE - P.S.

SCE Charge Ready Home Program Sample Supporting Documents & Application Checklist

Pre-Install and Post Installation Photos

Please ensure when submitting your required documentation that you take photos of the panel before replacement and after. You will also need to show the newly installed NEMA 240 outlet or installed EV charger.

Pre-Install Panel Photo

Clear view of current electrical meter

Current breakerpanel

Current panel amp rating/panel control sticker (*this may be worn due to age of panel*)

Panel location

Post-Install Panel Photo

Clear view of electrical meter

New breaker panel (*EV charger breaker should now be visible.*)

New panel amp rating/panel control sticker Panel location

End point of the new charging circuit (*This could be a 240-volt wall outlet, or an EV charger may already be attached.*)