**WHEN TO USE THIS FORM**

[Optional if using cover page with same information. Otherwise, describe occupancy and trigger and add link to municipal code and or webpage.]

PROJECT ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPLICANT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ELECTRIFICATION [modify as needed]

* The facility includes a commercial kitchen. Both requirements below apply.
* There are no natural gas appliances or equipment other than commercial food heat-processing equipment
* Each gas appliance or piece of equipment has a dedicated circuit, terminating within three feet of the location, that has the capacity to power an equivalent piece of electric equipment
* The facility is an essential services facility. There are no natural gas appliances, equipment or gas infrastructure other than other than gas-fired backup generation.
* The facility is a hospital.
* This facility is a laboratory.
* There is not an all-electric prescriptive compliance pathway for some of the building systems in this facility under the California Building Energy Efficiency Standards
* The facility includes process loads that are not subject to the requirements of the California Energy Code, Title 24, Part 6. There are no natural gas appliances or equipment other than gas-fired process equipment.

## Electric Vehicle (EV) Charging [modify as needed]

* The local utility is unable to supply adequate power or the cost of additional local utility infrastructure improvements, directly related to the requirements, exceeds [xx]$ per space of the construction cost of the project.

## Verification

This form has been completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(company), the qualified [specify credentials based on local practice, e.g., architect, engineer, project manager] individual for the above listed project who verifies that it accurately represents the project plans. [modify based on local verification requirements]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

RESERVED FOR USE BY BUILDING DEPARTMENT

* Approved as Submitted
* Approved as Marked Up
* Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Plan Checker Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Plan Checker