

5. Subtotal Categories 1-4

## **ELECTRICAL CIRCUIT CARD**

## **CITY OF SANTEE DEVELOPMENT SERVICES DIVISION**

10601 Magnolia Ave, Santee, CA 92071 (619) 258-4100 Ext. 154 or 155

Inspector:	
Date of Inspection :	

155
RESS:
CA LICENSE #:
es below is accurate and complete. I also certify that the quirements of the California Electrical Code as well as industry
DATE:
ptional Method CEC 220.80 & .82 found in Article 220 of the NEC may be used
6. Demand Factors
First 10,000 VA from subtotal above @ $100\% = 10,000$ VA
Remaining VA from Subtotal above @40% =VA
7. Heating or A/C Load =VA
Larger of Heating or A/C Load
<b>8. EV Charger</b> =VA
Electrical Vehicle Charger
9. Load Total = VA
Add Line 6,7, and 8
10. Minimum Service Size =VA
Divide Load Total (Item #8) by 240 Volts
Divide Load Total (Item #8) by 240 Volts
MINIMUM RECOMMENDED SERVICE PANELAMI
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=\_\_\_\_VA

PANEL: A.I.C.						A.I.C.	VOLTS					Ø	Ø		
LOCATION	СКТ	BKR		VIRE	MISC	LTG	REC	REC	LTG	MISC	WIRE		BKR	СКТ	LOCATION
	1	SIZE	SIZE	TYPE							SIZE	TYPE	SIZE	2	
	3													4	
	5													6	
	7													8	
	9			1										10	
	11													12	
	13													14	
	15													16	
	17													18	
	19													20	
	21													22	
	23													24	
	25													26	
	27													28	
	29													30	
	31													32	
	33													34	
	35	1	1											36	
	37			1										38	
	39 41												1	40	
	t <b>rance o</b> e: No	r feede	AMP r cond	uctors: B) Type:		ı 🗆	AL	<b>Bra</b> A) <sup> </sup> B) <sup>-</sup>	☐ Be I <b>nch ci</b> Lighting Two Sm	ed, Fami rcuits re g Circuit	ly, Dinin <b>equirec</b> s iance Ci	g, Living		220.12	
Service Gro	_				<b>/Bond: C</b> Wire: □ C			D) (		Heating		nent		422.12 210.52	<u> </u>
☐ Gro	crete End und Rod( plementa	s)	JFER)	250.52( 250.52) 250.53				REM							
D) Size	Bond: N	o		E) Type	Wire: □0	:U 🗆	AL								
☐ Wa	ter Pipe	250.104	·(a)					I ce	ertify th	hat all t	ermina	itions h	ave be	en tord	qued in
GFCI locati	ons 210	.8, 680	.21(c) 6	80.22-2	23 680.56	6(a)									s and that nts the full
☐ Bathroom(s) ☐ Kitchen/Other Sinks Pools/☐ Garages(s) ☐ Hydromassage Tub Indoor												under t	•		
										•			•		
☐ Dishwas	sher(s)	□ Or	ıtdoor V	Vet Locat	tions			=							
									CONTR.	ACTOR N	IAME:				