

Parking Lot Solar PV Canopy with EV Charger FY17 Commercial Completion Certificate

The Completion Certificate and supporting documentation must be submitted after the applicant has received an executed Parking Lot Solar Canopy with EV Charger Grant Agreement from the Maryland Energy Administration (MEA) and the system has been installed and is operational.

Chec	klist for Completion Certificate:
	Grant awardee information has been filled out completely, signed and dated. Original Grant Awardee signatures must be submitted to MEA - Photocopies will not be accepted. Please include a valid email for communication purposes. MEA will not distribute your email to any outside party or use it for any purpose other than grant status communication, unless required by Maryland's Public Information Act.
	Installing Contractor and system information, including hours worked, has been filled out completely. Installing Contractor must submit an original signature.
	Permit and inspection information has been included for all required permits.
	Site visit by MEA staff has been scheduled or completed.
Supp	porting Documentation required to be submitted with Completion Certificate:
	Documentation of all passed final inspections - a picture of inspection sticker or copy of report is sufficient
	Documentation showing that the system and installation has been paid for in full
	Photo(s) of completed system installation, showing all panels installed and each electric vehicle charger
	Project as built drawings showing final capacity of PV array(s)
	Utility's Acceptance and Final Approval to Operate agreement

Completion Package Submission

Please mail Application Package to:

Maryland Energy Administration Attn: Solar Canopy Grant Program 1800 Washington Blvd., Suite 755 Baltimore, MD 21230

Effective Date: September 2016



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A. Gra	intee Information							
Grant Applicant	Business/Non-Profit/	(Contact First Name			Contact Last Name		
	Phone Num	Email (Used ONLY for communication purposes)						
Install Address	Install Addro	Suite/Apt/Bld						
	City	St	ate	Zip				
Insta	Congressional District	Legislative District		County				
ing ress	Mailing Address (Only		Suite/Apt/Bld					
Mailing Address	City		State			Zip		
B. Sys	tem Information							
Docum	System Capacity and/or the Number of I nentation Verifying MEA Approval of Fina Number of EV Chargers Installed May Lov	I Capacity or EV Charger Adju				′	No C Yes	
	System Technology	System Capacity	Units	Total	Total System Cost		Grant Reimbursement Amoun	
Photovoltaic Canopy			kW DC					
System Technology		Number of Chargers	Charger Type		Charger Make and M		er Make and Model	
	EV Charging Station							

C. Applicant Signature

I solemnly affirm under penalties of law that I own and control the site of the project that is the subject of this application, and I consent to its installation on the project site. I am the owner of a qualified Solar PV Canopy system placed into service in the State of Maryland and have met the requirements of the program as described in the Terms and Conditions of the *Grant Agreement* and that the contents of the forgoing *Completion Certificate* are true to the best of my knowledge, information, and belief. I attest that I have not and will not knowingly make or cause to be made any false statement or report in any document required to be furnished by MEA in relation to the Grant Program.

cause to be made any false statement or report in an						
Authorized Signatory	Title		Date Signed			
		OFFICIAL USE ONLY				
Signature	AG	SENCY	FUND	PCA	SUB-OBJ	FY
			FID		AMOUNT	
	PM	M INIT	MEA INVOICE NUMBER		DATE RECEIVED	
		•				
		MEA A	APPROVAL FINANCI		IAL ADM APPROVAL	

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Project Start Date Project End Da		Total Hours Worked (Including Subs)	Estimated Hours Required for Operations and Maintenance (per ye				
E. Required Permits							
Building Per	rmit #	Issued By (County or Municipality	Name)	Inspection Date			
Electrical Permit #		Issued By (County or Municipality	Name)	Inspection Date			
	-	ce (To Be Completed By Installat e system is listed or labeled by a re		ng laboratory.			
G. Installing Contracto							
Company Name			License Type	License Number			
	Contact Name			Contact Title			
	Phone Number		Email (Used ONLY for communication purposes)				
NABC	CEP Certified PV Installer on	Staff	NABCEP PV Installer Certification Number Suite/Apt/Bld				
	Company Address						
City			State	Zip			
H. System and Site Ver	ification by Installing	Contractor					
I completed installation construct and/or operate the terms, conditions an requirements, restriction	of the qualified solar F e the proposed Projec d requirements of ME. ns, and limitations outl I have not and will not	PV parking lot canopy with EV char t in accordance with all local, State A's Grant Program. I understand and lined in the FY17 Parking Lot Solar knowingly make or cause to be m	e and federal permitting nd agree to comply with PV Canopy with EV Cha	and licensing requirements and the qualifications, project rger program Notice of Grant			
Print Name		Title		Date Signed			
	Sigr	nature					

Effective Date: September 2016