Attachment Two
Voluntary Cleanup Program Fee Waiver
Application for Renewable Energy
LAND AND MATERIALS ADMINISTRATION
LAND RESTORATION PROGRAM

VOLUNTARY CLEANUP PROGRAM FEE
WAIVER APPLICATION

- APPLICATION REVIEW AND APPROVAL
  The information provided in this application will be used to determine the eligibility of the applicant and the
  property for Maryland’s Voluntary Cleanup Program (VCP) fee waiver for development and siting of renewable
  energy pursuant to the Code of Maryland Regulations (COMAR 26.14.03) Voluntary Cleanup Program Regulations
  and Compliance Guide. Within 30 days after receipt of the application, the Department will notify the applicant,
  in writing, whether the fee waiver is approved, incomplete, or denied. If the application is denied, the
  Department will provide reasons for its denial in writing.

- APPLICATION PACKAGE MAILING ADDRESS
  Please submit the waiver form and required proof of eligibility to the following address:

  Maryland Department of the Environment
  Voluntary Cleanup Program
  1800 Washington Boulevard, Suite 625
  Baltimore, Maryland 21230-1719
  ATTN: VCP Division Chief

- QUESTIONS
  Any questions regarding the application should be directed to the VCP at 410-537-3493.
### I. PROPERTY

Property Name:

Address:

City: County: Zip Code:

Tax Parcel Number: Acreage:

### II. APPLICANT

Name(s) of Representative(s): Title:

Organization:

Mailing Address:

City: State: Zip Code:

Telephone: ( ) - Fax: ( ) - E-mail:

### III. APPLICANT’S PROPOSED CLEAN OR RENEWABLE ENERGY PROJECT

(A) Clean or renewable energy to be generated as defined by COMAR 26.14.3.02B(4) and(16):

(B) Anticipated yearly energy output in kilowatts (must be 2 megawatts or greater to qualify):

(C) Brief description of energy project:

(D) Anticipated construction start date: ______________ Anticipated construction end date: ______________

(E) List of permits applied for or granted or other certifications from the Maryland Energy Commission:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

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_______________________________________________________________________________________________
IV. SITE LOCATION MAP
Please attach a site location map for the energy project.

| Map Included | No | Yes |

For DEPARTMENT approval

V. DETERMINATION OF FEE WAIVER

- Fee waiver approved
- Fee waiver denied

Additional information requested date: _____________________

________________________________________________________________________

________________________________________________________________________

Approving Authority: ____________________________ Date: __________________

Title: ___________________________________________
## VCP Fee Waiver Application Attachment

### ELIGIBLE PROJECT AFFIDAVIT

(To Be Completed by Applicants Seeking Clean or Renewable Energy Fee Waiver)

#### APPLICANT

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#### PROPERTY

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**I, ____, am over eighteen years of age and competent to testify to the matters set forth in this Affidavit.**

**Authorized Representative**

I am presently the _______________(title) and an authorized representative____

of ____________________ (applicant) and I possess the legal authority to make this affidavit

on behalf of myself and the Applicant for which I am acting.

**Acknowledgement**

I, the applicant, certify under penalty of law that the information provided on this application form and within

the documents of the application package is, to the best of applicant’s knowledge and belief, accurate and complete.

Applicant acknowledges that any fraud or material misrepresentation in this Affidavit shall void VCP

application fee waiver status issued pursuant to COMAR 26.14.03.

I acknowledge that nothing in this affidavit shall be construed to supersede, amend, modify or waive

the exercise of any statutory right or remedy under state law with respect to any misrepresentation made.

I DO DECLARE AND AFFIRM UNDER PENALTY OF LAW, THAT TO THE BEST OF MY KNOWLEDGE

AND BELIEF, THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT.

__________________________________________

**Legal Name of Applicant**

__________________________________________

**Signature of Authorized Affiant**

__________________________________________

**Notary’s Signature**

__________________________________________

**Authorized Affiant’s Name and Title**

__________________________________________

**My Commission Expires**

__________________________________________

**Date of Signature**

__________________________________________