

DER Pre-Application Request Form



For customer to provide:

Project Name and/or Installation Name:

Fuel type:

Site Address:

Approximate Point of Interconnection (POI)

Lat (XX.XXXXXX):

Long (XX.XXXXXX):

Project Size (kW):

Please include Google map view of the location with an approximate outline of the area.

When completed, send to the interconnection mailbox:

PE-MD_Interconnection@firstenergycorp.com

To be Provided by Potomac Edison:

Distribution Information

Substation Name:

Circuit Name:

Voltage Level (kV):

Distance from Substation (line-miles):

Three Phase at Facility Address:

Distance to Three Phase (miles):

Coordinates of Closest Distribution Facility

Lat (XX.XXXXXX):

Long (XX.XXXXXX):

Circuit DER Hosting Capacity (kW):

Sub-transmission Information (if applicable)

Line Name:

Distance to Facilities (miles):

Voltage Level (kV):

Any additional information requested for a Sub Transmission project will require an application.

Date Information Provided:

Your use of this information constitutes acceptance of the terms contained in this pre-application report. If you do not agree to the terms below, please return this document and do not use the utility data provided herein.

FirstEnergy Corp., including its directors, officers, employees, agents, and affiliated companies, and the directors, officers, employees and agents of them (collectively the “Company”), disclaims all liability or damages whatsoever (defined as “Any Possible Damages”) arising out of your use of the information in this letter.

You agree to indemnify, defend and save the Company harmless against Any Possible Damages, including costs and attorney’s fees and all other costs of litigation, arising out of your use of the information conveyed herein, including but not limited to damages arising out of incorrect information either supplied by manufacturers or transmitted to you by the Company, incorrect calculations made by you, acts of you and/or your employees and/or contractors that rely directly or indirectly upon the information contained herein, or in any way directly or indirectly resulting from the Company’s provision of information to you herein, and to expressly waive your immunity as a complying employer under the applicable workers’ compensation law, but only to the extent such immunity would bar or affect recovery under or enforcement of this indemnification obligation.

This information is provided in compliance with MD COMAR 20.50.09.06. Please contact the undersigned in the event you have any questions about this information. . Per COMAR, the information provided is all that we can provide prior to a full application and study.

