



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
COMPANY APPLICATION**

APPLICANT INFORMATION (please print)

NAME OF FACILITY

ADDRESS OF FACILITY

CITY STATE ZIP COUNTY

PHONE # ( )

NAME OF CONTACT PERSON: PHONE # ( )

NAME OF OWNER

ADDRESS OF OWNER:

CITY STATE ZIP COUNTY

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

**SIGNATURE**

**DATE**

**PROPANE & NATURAL GAS BOARD  
LP GAS STORAGE TANK PERMIT APPLICATION  
REQUIRED FEE: \$50.00**

LICENSE TYPE:

LP Gas Storage Tank Permit (1441)

**Office Use Only:**

1441 - \$50.00

*Office Use Only:*

Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Exp. Date \_\_\_\_\_

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) FIRST MIDDLE INITIAL LAST

I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my  
 VISA  MASTERCARD the following amount: \$ \_\_\_\_\_

Card number: XXXX-XXXX-XXXX-XXXX Expiration Date mm / yyyy

**SIGNATURE**

**DATE**

## PERMIT TO BE MAILED TO:

Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____

Type of Tanks: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	Number of Tanks: _____
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Water Capacity Per Tank: _____	Tank(s) Protected: _____
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Distances From:	
_____ Nearest Building	_____ Sources of Ignition
_____ Intake to Direct Vent Appliance	_____ Property Line
_____ Flammable or Combustible Liquid Tank (s)	_____ Street

Is Tank: <input type="checkbox"/> Aboveground <input type="checkbox"/> Mounded <input type="checkbox"/> Underground
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Nature of Foundation: _____
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Are Grounds Readily Accessible to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Name and address of Individual Who Will Construct:</b>  Name _____  Home Address: _____  _____  (A copy of the permit will be mailed to this individual)	<b>Propane and Natural Gas License Number of Individual who will Construct :</b>  PNT _____
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**DO NOT WRITE IN THIS BLOCK**

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

**PLEASE NOTE:** This application is subject to compliance with local ordinances and permission for installation granted by local authorities when required.

**Do not forget to include:**

- **Site Plan**
- **Piping Plan**
- **Fire Safety Analysis**

## REFERENCE CHECKLIST FOR SITE PLAN

1. Facility Design
  - a. Tank Valve
  - b. Strainer
  - c. Flex Connector
  - d. Pump
  - e. By-Pass Line
  - f. Transfer Valve
  - g. Excess Flow Valve
  - h. Meter
    - i. Vapor Eliminator Line
    - j. Vent Valve
  - k. Break-A-Way Coupling
  - l. Hose End Valve
  - m. Relief Valve
  - n. Hydrostatic Relief Valve
  - o. Piping
  - p. Vaporizer
  - q. Emergency Shutdown Devices
2. Labeling
  - a. Piping
  - b. Tanks
    - (i) Placement Number
    - (ii) Identification Contents
    - (iii) Flammable
3. Protection
  - a. Collision
  - b. Flood
  - c. Tampering
  - d. Fire Extinguishment
4. Plot Plan
  - a. Distance from tank to
    - (i) Buildings
    - (ii) Street
    - (iii) Property Lines
    - (iv) Other Propane or Fuel Storage Tanks
    - (v) Ignition Sources
    - (vi) Fence

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 122 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

#### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Site Plan
- Piping Plan
- Fire Safety Analysis
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.