

# GAS STORAGE TANK PERMIT APPLICATION

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
**MAINE FUEL BOARD**  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333  
TEL: (207)624-8627 FAX: (207)624-8636  
Maine Relay 711 (TTY)  
Location: 76 Northern Avenue, Gardiner, Maine

Office Use Only

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Cash #: \_\_\_\_\_

Permit #: \_\_\_\_\_

**4320-1441**

**PERMIT FEE: \$50.00**

**PERMIT TYPE:**

- LP Gas Storage Tank Permit  
 Permanent (PSP)  
 Temporary (not to exceed 12 months)
- Natural Gas Storage Tank Permit -  CNG or  LNG  
 Permanent  
 Temporary (not to exceed 12 months)

**FACILITY INFORMATION (PLEASE PRINT)**

Name of Facility		
Physical Location Address		
City	State	Zip Code
County	Telephone	

**FACILITY CONTACT INFORMATION (PLEASE PRINT)**

Name		
Name of Facility Contact Person		
Mailing Address		
City	State	Zip Code
Telephone	Email	

**OWNER INFORMATION (PLEASE PRINT)**

Name of Owner		
Name of Owner Contact Person		
Mailing Address		
City	State	Zip Code
Telephone	Email	

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 Professional and Occupational Regulation will rely upon this information for issuance of a gas storage tank permit and that this information is truthful and factual.

**OWNER SIGNATURE**

**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 Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$50.00			
Card number: XXXX – XXXX – XXXX – XXXX	Expiration Date: mm / yyyy		
(check here) <input type="checkbox"/> I understand that fees are non-refundable	DATE		

**SIGNATURE**

**PROPANE AND NATURAL GAS TECHNICIAN INFORMATION (PLEASE PRINT)**

**The Permit Will be Mailed to the Technician Who Will Construct the Facility**

Name		
Mailing Address		
City	State	Zip Code
Telephone	License #	
Email		

<b>Type of Tank:</b> <input type="checkbox"/> Aboveground <input type="checkbox"/> Mounded <input type="checkbox"/> Roof Top <input type="checkbox"/> Underground
<b>Tank Construction:</b> <input type="checkbox"/> ASME <input type="checkbox"/> DOT

Are Piping modifications being made to the existing plant?  
 Yes    No

<b><u>TYPE OF TANKS</u></b>			<b>Nature of Foundation:</b>	
<b><u>WATER CAPACITY PER TANK</u></b>				
Total Number of Tanks (new & existing) at this Facility <input style="width:100px;" type="text"/>			<b>Are Grounds Readily Accessible to the Public?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Tank (Complete for Each Tank)	Capacity (in Gallons) Per Tank	Tank Status		<b>DISTANCES FROM</b>
		Existing	New	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		<input type="checkbox"/>	<input type="checkbox"/>	Nearest Building:
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		<input type="checkbox"/>	<input type="checkbox"/>	Intake to Direct Vent Appliance:
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		<input type="checkbox"/>	<input type="checkbox"/>	Flammable or Combustible Liquid Tank(s):
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		<input type="checkbox"/>	<input type="checkbox"/>	Sources of Ignition:
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		<input type="checkbox"/>	<input type="checkbox"/>	Property Line:
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		<input type="checkbox"/>	<input type="checkbox"/>	Street:
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		<input type="checkbox"/>	<input type="checkbox"/>	

**THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:**

- **Site Plan**
- **Piping Plan**
- **Fire Safety Analysis in Accordance with:**
  - **NFPA 58 for LP and**
  - **NFPA 59A, Chapter 12 for LNG**
- **Local Fire Department Approval**

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

**DO NOT WRITE IN THIS BLOCK**

INSPECTED BY:	DATE:
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	

# REQUIREMENTS FOR SITE & PIPING PLANS

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. Piping Plan
  - a) Layout of piping in relation to tank and overall plot plan.
  - b) Location of loading / Unloading stations
  - c) Location of e-stops (including remote)
  
3. Protection
  - a. Vehicle- Location & Type of barriers
  - b. Fencing- Shown on diagram
  - c. Fire Extinguishers - Location & Type / Size
  
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