

# 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 EMAIL: fuel.board@maine.gov  
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 me <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover - 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	<b>SIGNATURE</b>	<b>DATE</b>	

**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

<b><u>TYPE OF TANKS</u></b>	
<b><u>WATER CAPACITY PER TANK</u></b>	
Total Number of Tanks Being Constructed at this Facility = _____	
Type of Tank (Complete for Each Tank)	Capacity (in Gallons) Per Tank
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	

<b>Nature of Foundation:</b>
<b>Are Grounds Readily Accessible to the Public?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DISTANCES FROM</b>
Nearest Building:
Intake to Direct Vent Appliance:
Flammable or Combustible Liquid Tank(s):
Sources of Ignition:
Property Line:
Street:

**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.

<b><u>DO NOT WRITE IN THIS BLOCK</u></b>	
INSPECTED BY:	DATE:
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
RECOMMENDATIONS:	

# **REFERENCE CHECKLIST 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. 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