

APPLICATION FOR PERMIT LP GAS STORAGE TANK(S)



Department of Professional and Financial Regulation
Office of Licensing and Registration

PROPANE AND NATURAL GAS BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8610
Hearing Impaired: (207) 624-8563
e-mail: nanette.s.wescott@state.me.us

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

LP Gas Storage Tank(s) Permit

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- Permit application and payment for \$50.00

Incomplete applications will be returned.

REFERENCE CHECKLIST FOR SITE PLAN

A. Cross Section

1. Base material
2. Tank(s) Supports

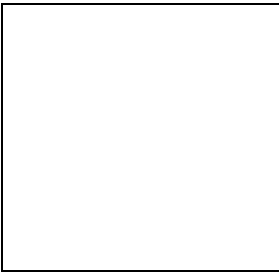
B. Front and Side Elevations

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) Placard Number
 - (ii) Identification Contents
 - (iii) Flammable
3. Protection
 - a. Collision
 - b. Flood
 - c. Tampering
 - d. Fire Extinguishment

C. Plot Plan

1. Distance from tank to
 - a. Buildings
 - b. Street
 - c. Property Lines
 - d. Other Propane or Fuel Storage Tanks
 - e. Ignition Sources
 - f. Fence

LP GAS STORAGE TANK(S) PERMIT APPLICATION



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
PROPANE AND NATURAL GAS BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8610 FAX: (207)624-8637
HEARING IMPAIRED: (207)624-8563

Office Use Only	
Cash #:	_____
License #:	_____
Date Issued:	_____
4510-1441	\$50.00

PERMIT FEE: \$50.00
MAKE CHECK PAYABLE TO: TREASURER STATE OF MAINE

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of Facility:		
Address of Facility:		
City:	State:	Zip Code:
County:	Telephone: (____) _____ - _____	
Name of Contact Person:	Telephone: (____) _____ - _____	
Name of Owner:		
Address of Owner:		
City:	State:	Zip Code:

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: _____
Capacity Per Tank: _____	Tank(s) Protected: _____
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"/> Underground <input type="checkbox"/> Rooftop	
Nature of Foundation:	
Are Grounds Readily Accessible to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Individual or Firm Who Will Construct:	License Number:

DO NOT WRITE IN THIS BLOCK

INSPECTED BY: _____ DATE: _____

APPROVED: _____

NOT APPROVED: _____

RECOMMENDATIONS: _____



ANGUS S. KING, JR.
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
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AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name of applicant: (fees being paid for)		
Mailing Address of applicant: (fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: () -	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____
Card number

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____

PHONE: (207)624-8610
(Office Phone)



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637