SMALL UNIT NOTIFICATION (SUN)

TOTAL ENCLOSED FEE: $___________ (See Consolidated Fee Schedule (Table 4)
http://www.swcleanair.org/fees/index.asp

COMPANY INFORMATION

NAME OF APPLICANT
STREET
CITY
STATE
ZIP
PHONE
FAX

LEGAL NAME OF BUSINESS FOR WHICH NOTIFICATION APPLIES
PHONE
FAX

STREET or PO BOX
CITY
STATE
ZIP

EMAIL ADDRESS
UBI No.

FACILITY INFORMATION

FACILITY NAME
EQUIPMENT ADDRESS / LOCATION
Street
City
State
Zip

MAILING ADDRESS
Street
City
State
Zip
EMAIL ADDRESS

CONTACT PERSON AND TITLE
PHONE
FAX

SIC/NAICS CODE
FACILITY OPERATING SCHEDULE
hrs/day ______ day/ wk ______ wks/yr ______

EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION or ID
NUMBER OF UNITS

NOTIFICATION FOR
☐ New Construction or Installation  ☐ Modification or Alteration of Equipment  ☐ Change of Location
☐ Existing Equipment Operating Without Approval  ☐ Existing Equipment With Expired or Lapsed Approval or Registration

Has a Notice of Violation been Issued?  ☐ Yes  ☐ No  If Yes, Number: _______________________

ESTIMATED INSTALLATION START DATE
ESTIMATED COMPLETION DATE

I do hereby certify that the information contained in this NOTIFICATION is, to the best of my knowledge, accurate and complete.
Signature: _______________________________ Title: _______________________________ Date: _______________________________

SWCAA USE ONLY

SWCAA ID #: __________________ Notification #: _______________________________

Processing Fee: ______________ Date Rcvd: ___________ Receipt No. ______________

SWCAA USE ONLY

Date Stamp

SWCAA Form No. 86 Revised 01/01/2018