

SMALL UNIT NOTIFICATION (SUN)

Total Enclosed Fee:	\$	(See Consolidated Fee Schedule)
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FACILITY INFORMATION

Contact Name	Title	Email	Phone No.
Facility Name/Business Name		UBI No.	Facility Phone No.
Mailing Address, City, State, and Zip			
Physical Address, City, State, and Zip			
Standard Industrial Classification (SIC) Code	North American Industry Classification System (NAICS) Code	Facility Operating Schedule	
		hr/day	days/wk
			wks/yr

EQUIPMENT INFORMATION

<input type="checkbox"/> New Construction or Installation <input type="checkbox"/> Existing Equipment	
Equipment Location Description and Identifier (a separate Notification must be submitted for each individual equipment)	Estimated Install Start Date
	Estimated Completion Date
Has a Notice of Violation been Issued? <input type="checkbox"/> No <input type="checkbox"/> Yes (enter number here)	

CERTIFICATION

I certify that the information in this Notification is, to the best of my knowledge, accurate and complete.		
Signature	Title	Date

PREPARED BY (if different than above)

Contact	Company Name	Email	Phone No.

SWCAA USE ONLY	
SWCAA ID #: _____ Notification #: _____ Processing Fee: _____ Date Fee Received: _____ Receipt No: _____	Date Stamp