



PUGET SOUND CLEAN AIR AGENCY

1904 3rd Ave, Ste 105 Seattle WA 98101-3317

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www.pscleanair.gov

COFFEE ROASTER NOTIFICATION

Only for batch roasters with a maximum rated capacity of 10 lb/batch or less.

Agency Use Only Date:	Agency Use Only Registration No.:	Agency Use Only Notification No.:
Facility Name:		
Mailing Address:		Installation Address:
City, State, Zip:		City, State, Zip:

Contact Person:		
Mailing Address if different than above (City, State, Zip):		
Telephone No.:	Fax No.:	E-Mail Address:

Business Hours (hours/day, days/week, weeks/year):
Estimated Installation Date:

Equipment Information

Manufacturer:	Max. rated batch size in lb/batch:
Make/Model:	
Airflow (cfm):	
Maximum Monthly Production (lb/month):	
Is the roaster Electric? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, what fuel is used to heat roaster?	
Is the roaster controlled by an afterburner or catalytic oxidizer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what Make/Model?	
What is the burner rating?	

Certification

I, the undersigned, do hereby certify that the information contained in this notification is, to the best of my knowledge, accurate and complete.	
_____ Signature	_____ Date
_____ Type or Print Name and Title	_____ Phone

Your application must be accompanied by a \$500 filing fee. To pay by check, mail with this form to the Agency address above.

To pay by credit card, check here ☐ and an accounting technician will contact the person identified below.

Name _____ Email _____ Number _____