## **DRMS ePermitting Change of Contact**



General Information							
Submittal Date 2/27/2020 The ePermitting Contact Change form is used to update the contact information for the Permittee, Permitting and/or Inspection contact information.							
Administrator Information							
Administrator First Name			Administrator Last Name				
Dan			Long				
Administrator En longdel@hotmail.co							
Select a Permit M M2017009	lumber *						
Select Contact Type *							
Select all that apply		at 🗖 Increation Cont	aat 🗖 Additional A				
	act 🔽 Permitting Conta	ct [] inspection cont	Contact(s)	initial ree			
Permittee Contact Information							
Permittee Company Name Platte Valley Real Estate, LLC Name change requires succession of operator application							
-	Estate, LLC	application					
-	Estate, LLC	application	Middle Initial	Last Name			
Name change requi	Estate, LLC res succession of operator a	application	<b>Middle Initial</b> E	Last Name Long			
Name change requi	Estate, LLC res succession of operator a First Name	application					
Name change requi	Estate, LLC res succession of operator a First Name	application	E				
Name change requi	Estate, LLC res succession of operator a First Name	application	E				
Name change requi	Estate, LLC res succession of operator a First Name		E	Long			
Name change requi	Estate, LLC res succession of operator a First Name	State	E	Long Zip Code			

## Email Address

dnr\_drmsminadmin@state.co.us

## **Permitting Contact Information**

## Permitting Company Name

Platte Valley Real Estate, LLC.

Salutation	First Name		Middle Initial	Last Name			
Mr	Dan		E	Long			
Address 1			Address 2				
116 Spruce Road							
City		State		Zip Code			
Sterling		CO		80751			
~							
Telephone #		Extension	Fax #				
9705207800		no separators					
Digits only, no sepa	rators						
Email Address							
longdel@hotmail.co							
Annual Fee Notice to Copy							
Additional people yo	ou would like to receive no	tices of upcoming annual f	ee/report due dates				
Remove Existing	Contact?						
Remove	contact.						
Salutation	First Name *		Middle Initial	Last Name *			
Mr	Mason			Chamberlain			
Annual Fee Notic	e Company Name						
Chamberlain Concr	ete						
Address 1			Address 2				
36415 US Hwy 385							
City		State		Zip Code			
Wray		CO		80758			
<b>Telephone #</b>		Extension	Fax #				
9703324355 Digits only, no separ	rators		9703324081 Digits only, no s	eparators			
Email Address							
chamberlainsllc@gr	mail.com						
Confirmatio	on						

Have you reviewed all the information provided on this form? \*