

DRMS ePermitting Change of Contact



COLORADO
Division of Reclamation,
Mining and Safety
Department of Natural Resources

General Information

Submittal Date

8/5/2020

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

Harold

Administrator Last Name

Clare

Administrator Email

acconcrete@usa.net

Select a Permit Number *

M1983084

Select Contact Type *

Select all that apply

☒ Permittee Contact ☒ Permitting Contact ☒ Inspection Contact ☒ Additional Annual Fee
Contact(s)

Permittee Contact Information

Permittee Company Name

Snowstorm Sand & Gravel, LLC

Name change requires succession of operator application

Salutation

Mr

First Name

Eugene

Middle Initial

M

Last Name

Erwin

Address 1

2510 E. Independence

Address 2

Suite 300

City

Shawnee

State

OK

Zip Code

748040000

Telephone #

7703295430

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

emerwin@ix.netcom.com

Permitting Contact Information**Permitting Company Name**

ACConcrete

Salutation	First Name	Middle Initial	Last Name
Mr	Harold	E	Clare

Address 1

PO Box 1

Address 2

18061 Teller 1

City	State	Zip Code
Florissant	CO	80816

Telephone #

7197483805

Digits only, no separators

Extension**Fax #**

7197485120

Digits only, no separators

Email Address

acconcrete@usa.net

Inspection Contact Information**Inspection Company Name**

ACConcrete

Salutation	First Name	Middle Initial	Last Name
	Harold	E	Clare

Address 1

PO Box 1

Address 2

18065 Teller 1

City	State	Zip Code
Florissant	CO	80816

Telephone #

7197483805

Digits only, no separators

Extension**Fax #**

7197485120

Digits only, no separators

Email Address

acconcrete@usa.net

Annual Fee Notice to Copy

Additional people you would like to receive notices of upcoming annual fee/report due dates

Remove Existing Contact?

☐ Remove

Salutation

First Name *

Middle Initial

Last Name *

Eugene

M

Erwin

Annual Fee Notice Company Name

Address 1

Address 2

City

State

Zip Code

00000000

Telephone #

Extension

Fax #

Digits only, no separators

Digits only, no separators

Email Address

emerwin@ix.netcom.com

Confirmation

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



Yes