DRMS ePermitting Change of Contact



General In	formation						
Submittal Date 1/4/2021							
The ePermitting Con information.	ntact Change form is used to	o update the contact ir	nformation for the Pe	ermittee, Permitting and/or Inspection contact			
Administrator	Information						
Administrator First Name			Administrator Last Name				
Mary			Kauffman				
Administrator En kauffman27@msn.c							
Select a Permit N M1999069	lumber *						
Select Contact Ty Select all that apply Permittee Conta	r pe * ct	Inspection Contac	ct 🕑 Additional An Contact(s)	nual Fee			
Permittee	Contact Informa	ation					
Permittee Compa Jake Kauffman & So Name change require		ation					
Salutation	First Name		Middle Initial	Last Name			
Mr	Troy		A	Kauffman			
Address 1			Address 2				
808 S County Road	9E						
City	S	tate		Zip Code			
Loveland	С	O		805370000			
Telephone #		Extension	Fax #				
9702155963			9706679985				
Digits only, no separ	ators		Digits only, i	no separators			

Email Address

kauffmanbt@hotmail.com

Permitting Contact Information

Permitting Company Name

Jake Kauffman & Son, Inc.

alutation	First Name		Middle Init	ial Last Name	
Mr	Troy		А	Kauffman	
Address 1			Address 2		
808 S. County F	Road 9E				
City		State		Zip Code	
Loveland		CO		805370000	
Telephone #		Ext	ension Fax	ŧ	
9706676878			9706	679985	
Digits only, no separators			Digits only, no separators		
Email Address	5				
kauffmanbt@hot					
	ee Notice to (nnual fee/report due date	25	
Confirma	tion				
	eviewed all the infor	mation provided	on this form? *		
Have you re					