

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

2/3/2021

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

Laurie

Administrator Last Name

Jacobson

Administrator Email

jjluko@yahoo.com

Select a Permit Number *

M1998091

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Joseph L and Arlene Cogan DBA B.B.L. COGAN, L.L.C.

Name change requires succession of operator application

Salutation

Mrs

First Name

Arlene

Middle Initial**Last Name**

Cogan

Address 1

P.O. Box 113

Address 2**City**

Nathrop

State

CO

Zip Code

812360000

Telephone #

7193952339

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address**Permitting Contact Information****Permitting Company Name**

Joseph L. and Arlene Cogan

Salutation	First Name	Middle Initial	Last Name
Mrs	Laurie		Jacobson

Address 1	Address 2
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24800 U.S. Highway 285

City	State	Zip Code
Buena Vista	CO	812110000

Telephone #	Extension	Fax #
7193952014 Digits only, no separators		Digits only, no separators

Email Address

jjluko@yahoo.com

Inspection Contact Information**Inspection Company Name**

Joseph L. and Arlene Cogan

Salutation	First Name	Middle Initial	Last Name
Mrs	Laurie		Jacobson

Address 1	Address 2
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24800 US HIGHWAY 285 S

City	State	Zip Code
Buena Vista	CO	81211

Telephone #	Extension	Fax #
7193952014 Digits only, no separators		Digits only, no separators

Email Address

jjluko@yahoo.com

Confirmation

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



Yes