DRMS ePermitting Change of Contact



General Information

Su	bmi	ttal	Date

5/14/2021

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 Administrator Last Name

Larry Record

Administrator Email

Irecord@deltacounty.com

Select a Permit Number *

M1980049

Select Contact Type *

Select all that apply

✓ Permittee Contact ☐ Permitting Contact ☑ Inspection Contact ☐ Additional Annual Fee Contact(s)

Permittee Contact Information

Permittee Company Name

Delta County

Name change requires succession of operator application

Salutation First Name Middle Initial Last Name

Mr Tim McCracken

Address 1 Address 2

295 West 6th Street

City State Zip Code

Delta CO 81416

Telephone # Extension Fax #

9708742035

Digits only, no separators

Digits only, no separators

Email Address tmccracken@deltacounty.com Inspection Contact Information Inspection Company Name					
Delta County					
Salutation	First Name Tim		Middle Initial	Last Name McCracken	
Address 1 Address 2 295 West 6th Street					
City Delta		State CO		Zip Code 81416	
Telephone #		Extension	Fax #		

9708742035

Digits only, no separators

Digits only, no separators

Email Address

tmccracken@deltacounty.com

Confirmation

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

✓ Yes