## **DRMS ePermitting Change of Contact**



## **General Information**

#### **Submittal Date**

7/13/2021

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

April Sibson

**Administrator Email** 

highcountryhardrock@outlook.com

Select a Permit Number \*

M1997039

Select Contact Type \*

Select all that apply

### **Permittee Contact Information**

#### **Permittee Company Name**

High Country Hard Rock, LLC

Name change requires succession of operator application

Salutation First Name Middle Initial Last Name

Ms April Sibson

Address 1 Address 2

45 6th St Unit 3

City State Zip Code

Steamboat Springs CO 80487

Telephone # Extension Fax #

3208156964

Digits only, no separators

Digits only, no separators

#### **Email Address**

highcountryhardrock@outlook.com

## **Permitting Contact Information**

#### **Permitting Company Name**

High Country Hard Rock, LLC

Salutation **First Name Middle Initial Last Name** 

Josh Sibson

Address 1 Address 2

45 6th St Unit 3

City State **Zip Code** 

CO 80487 Steamboat Springs

Telephone # **Extension** Fax #

3208156964

Digits only, no separators

Digits only, no separators

#### **Email Address**

highcountryhardrock@outlook.com

# **Inspection Contact Information**

### **Inspection Company Name**

High Country Hard Rock, LLC

Salutation **First Name** Middle Initial **Last Name** 

Mr. Josh Sibson

Address 1 Address 2

45 6th St Unit 3

City State Zip Code

CO 80487 Steamboat Springs

Telephone # **Extension** Fax #

9703676700

Digits only, no separators

Digits only, no separators

### **Email Address**

highcountryhardrock@outlook.com

## **Annual Fee Notice to Copy**

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

# Confirmation

Have you reviewed all the information provided on this form?  ${\color{red}^{*}}$ 

