# **DRMS ePermitting Change of Contact**



# **General Information**

#### **Submittal Date**

11/1/2021

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

Deborah Hess

**Administrator Email** 

dhess@townofgranby.com

Select a Permit Number \*

M2018030

Select Contact Type \*

Select all that apply

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

### **Permittee Contact Information**

#### **Permittee Company Name**

Town of Granby

Name change requires succession of operator application

Salutation First Name Middle Initial Last Name

Ms. Deborah K Hess

Address 1 Address 2

Zero Jasper Ave PO Box 440

City State Zip Code

Granby CO 804460440

Telephone # Extension Fax #

9708872501 201 9708879347

Digits only, no separators Digits only, no separators

#### **Email Address**

dnr\_drmsminadmin@state.co.us

# **Confirmation**

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

Yes