DRMS ePermitting Change of Contact

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

General Information

Submittal Date

6/2/2022

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

Mark

Administrator Last Name

Stacy

Administrator Email

mstacy@chaffeecounty.org

Select a Permit Number *

M1985091

Select Contact Type *

Select all that apply

- [x] Permittee Contact
- [x] Permitting Contact
- [x] Inspection Contact
- [x] Additional Annual Fee Contact(s)

Permittee Contact Information

Permittee Company Name

Chaffee County

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Mr	Mark		Stacy

Address 1

P.O. Box 699

Address 2

City	State	Zip Code
Salida	CO	812010000

Telephone #	Extension	Fax #
7195394591		7195309208
Digits only, no separators		Digits only, no separators

Email Address

mstacy@chaffeecounty.org

Permitting Contact Information

Permitting Company Name

Chaffee County

Salutation	First Name	Middle Initial	Last Name
	Mark	J	Stacy

Address 1

P.O. Box 699

Address 2

City	State	Zip Code
Salida	CO	812010000

Telephone #	Extension	Fax #
7195394591 Digits only, no separators		Digits only, no separators

Email Address

mstacy@chaffeecounty.org

Inspection Contact Information

Inspection Company Name

Chaffee County

Salutation	First Name	Middle Initial	Last Name
	Mark	J	Stacy

Address 1

P.O. Box 699

Address 2

City	State	Zip Code
Salida	CO	812010000

Telephone #	Extension	Fax #
7195394591 Digits only, no separators		Digits only, no separators

Email Address

mstacy@chaffeecounty.org

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? *

- [x] Yes