DRMS ePermitting Change of Contact



General Information

Su	bmit	ttal	Date

6/29/2022

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	Administrator Last Name			
Amy	Brooks			
Administrator Email				
abrooks@crccllc.com				
Select a Permit Number *				
M2019032				
Select Contact Type *				
Select all that apply				
□ Permittee Contact Permitting Contact □ Inspection Contact □ Additional Annual Fee				
	Contact(s)			

Permitting Contact Information

Permitting	Company	Name

Castle Rock Construction Company of Colorado LLC

Salutation First Name Middle Initial Last Name

Mrs Amy Brooks

Address 1 Address 2

6374 S Racine Cir

CityStateZip CodeCentennialCO801110000

Telephone # Extension Fax #

3036886611 3036886685

Digits only, no separators Digits only, no separators

Email Address

abrooks@crccllc.com

Confirmation

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

Yes