

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

7/5/2022

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

Matt

Administrator Last Name

Carnahan

Administrator Email

matt.carnahan@fourcornersmaterials.com

Select a Permit Number *

M1986061

Select Contact Type *

Select all that apply

☒ Permittee Contact ☒ Permitting Contact ☒ Inspection Contact ☒ Additional Annual Fee
Contact(s)

Permittee Contact Information

Permittee Company Name

Oldcastle SW Group, Inc. dba Four Corners Materials

Name change requires succession of operator application

Salutation

Ms

First Name

Franchesca

Middle Initial**Last Name**

Mallonee

Address 1

9755 CR 213

Address 2**City**

Durango

State

CO

Zip Code

81303

Telephone #

9702472172

Digits only, no separators

Extension**Fax #**

9702593631

Digits only, no separators

Email Address

franchesca.mallonee@fourcornersmaterials.com

Permitting Contact Information**Permitting Company Name**

Oldcastle SW Group, Inc. dba Four Corners Materials

Salutation	First Name	Middle Initial	Last Name
Ms	Franchesca	M	Carnahan

Address 1

9755 CR 213

Address 2

City	State	Zip Code
Durango	CO	81303

Telephone #	Extension	Fax #
9702472172		
Digits only, no separators		Digits only, no separators

Email Address

franchesca.mallonee@fourcornersmaterials.com

Inspection Contact Information**Inspection Company Name**

Oldcastle SW Group, Inc. dba Four Corners Materials

Salutation	First Name	Middle Initial	Last Name
Ms	Franchesca		Mallonee

Address 1

9755 CR 213

Address 2

City	State	Zip Code
Durango	CO	81303

Telephone #	Extension	Fax #
9702472172		
Digits only, no separators		Digits only, no separators

Email Address

matt.carnahan@fourcornersmaterials.com

Annual Fee Notice to Copy

Remove Existing Contact?

☐ Remove

Salutation

Ms.

First Name *

Franchesca

Middle Initial

R

Last Name *

Mallonee

Annual Fee Notice Company Name

Oldcastle SW Group, Inc. dba Four Corners Material

Address 1

9755 CR 213

Address 2**City**

Durango

State

CO

Zip Code

81303

Telephone #

9702472172

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

franchesca.mallonee@fourcorners
materials.com

Confirmation

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



Yes