DRMS ePermitting Change of Contact

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

General Information

Submittal Date

8/3/2022

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

Garrett

Administrator Last Name

Varra

Administrator Email

gvarra@varracompanies.com

Select a Permit Number *

M1978056

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Varra Companies, Inc.

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Mr	Garrett	C	Varra

Address 1

12618 County Road 13

Address 2

City	State	Zip Code
Longmont	CO	80504

Telephone #	Extension	Fax #
7202722857		
Digits only, no separators		Digits only, no separators

Email Address

gcvarra@gmail.com

Permitting Contact Information

Permitting Company Name

Varra Companies, Inc.

Salutation	First Name	Middle Initial	Last Name
	Garrett	C	Varra

Address 1

12618 County Road 13

Address 2

City	State	Zip Code
Longmont	CO	80504

Telephone #	Extension	Fax #
7202722857 Digits only, no separators		Digits only, no separators

Email Address

gcvarra@gmail.com

Inspection Contact Information

Inspection Company Name

Varra Companies, Inc.

Salutation	First Name	Middle Initial	Last Name
	Garrett	C	Varra

Address 1

12618 County Road 13

Address 2

City	State	Zip Code
Longmont	CO	80504

Telephone #	Extension	Fax #
7202722857 Digits only, no separators		Digits only, no separators

Email Address

gcvarra@gmail.com

Annual Fee Notice to Copy

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

Remove Existing Contact?

☑ Remove

Salutation	First Name *	Middle Initial	Last Name *
Mr	Bradford		Janes

Remove Existing Contact?

☐ Remove

Salutation	First Name *	Middle Initial	Last Name *
	Peter		Varra

Annual Fee Notice Company Name

Address 1

12618 County Road 13

Address 2

City

Longmont

State

CO

Zip Code

80504

Telephone #

3035918996

Digits only, no separators

Extension

Fax #

Digits only, no separators

Email Address

pjvarra@gmail.com

Confirmation

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

☑ Yes