

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

1/9/2023

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

Tim

Administrator Last Name

McCracken

Administrator Email

tmccracken@deltacounty.com

Select a Permit Number *

M2014009

Select Contact Type *

Select all that apply

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

Inspection Contact Information

Inspection Company Name

Delta County

Salutation

First Name

Middle Initial

Last Name

Tim

McCracken

Address 1

Address 2

295 West 6th Street

City

State

Zip Code

Delta

CO

81416

Telephone

Extension

Fax

9708742035

Digits only, no separators

Digits only, no separators

Email Address

tmccracken@deltacountyco.gov

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**

Mr

First Name *

Jason

Middle Initial**Last Name ***

Husmann

Remove Existing Contact?☐ Remove**Salutation****First Name ***

Tim

Middle Initial**Last Name ***

Hunter

Annual Fee Notice Company Name

Delta County

Address 1

295 West 6th Street

Address 2**City****State**

CO

Zip Code

81416

Telephone #

9708745914

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

thunter@deltacountyco.gov

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