DRMS ePermitting Change of Contact



General In	formation			
Submittal Date 9/28/2023				
The ePermitting Col information.	ntact Change form is used	d to update the contact i	nformation for the Pe	ermittee, Permitting and/or Inspection contact
Administrator	Information			
Administrator Fir	st Name		Administrator La	ast Name
Keith			Laube	
Administrator En klaube@montrosec				
Select a Permit N M1983208	umber *			
Select Contact Ty Select all that apply Permittee Conta	r pe * ct	t 闭 Inspection Contac	ct 🗹 Additional An Contact(s)	nual Fee
Permittee	Contact Inform	nation		
Permittee Compa Montrose County Name change require	ny Name	plication		
Salutation	First Name		Middle Initial	Last Name
Mr	Brandon			Wallace
Address 1			Address 2	
63160 LaSalle Rd				
City		State		Zip Code
Montrose		СО		81401
Telephone #		Extension	Fax #	
9702527003 Digits only, no separ	ators		Digits only, r	no separators

Email Address

bwallace@montrosecounty.net

Permitting Contact Information

Permitting Company Name

Montrose County				
Salutation	First Name		Middle Initial	Last Name
Mr	Brandon			Wallace
Address 1			Address 2	
63160 LaSalle Rd				
City		State		Zip Code
Montrose		СО		81401
Telephone #		Extension	Fax #	
9702527003 Digits only, no separ	ators		Digits only, r	no separators
Email Address bwallace@montrose	ecounty.net			
Inspection	Contact Infor	mation		
Inspection Comp Montrose County	any Name			
Salutation	First Name		Middle Initial	Last Name
Mr	Curtis			Milton
Address 1			Address 2	
63160 LaSalle Rd				
City		State		Zip Code
Montrose		со		81401
Telephone #		Extension	Fax #	
9709642444 Digits only, no separ	ators		Digits only, r	no separators
Email Address cmilton@montrosec	county.net			
Annual Fee	Notice to Cor)v		

Remove
• • • • •
Ilutation First Name * Middle Initial Last Nar
Joe Budagher
Joe Budagher
irmation