DRMS ePermitting Change of Contact

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

General Information

Submittal Date

5/14/2024

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

Michelle

Administrator Last Name

Swenson

Administrator Email

office@jakekauffman.com

Select a Permit Number *

M1978327

Select Contact Type *

Select all that apply

- [x] Permittee Contact
- [x] Permitting Contact
- [x] Inspection Contact
- [x] Additional Annual Fee Contact(s)

Permittee Contact Information

Permittee Company Name

Jake Kauffman & Son, Inc.

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Mr	Troy		Kauffman

Address 1

808 S County Rd 9E

Address 2

City	State	Zip Code
Loveland	CO	805370000

Telephone #	Extension	Fax #
9702155963		9706679985
Digits only, no separators		Digits only, no separators

Email Address

office@jakekauffman.com

Permitting Contact Information

Permitting Company Name

Jake Kauffman & Son, Inc

Salutation	First Name	Middle Initial	Last Name
	Troy		Kauffman

Address 1

808 S County Rd 9E

Address 2

City	State	Zip Code
Loveland	CO	805370000

Telephone #	Extension	Fax #
9702155963 Digits only, no separators		Digits only, no separators

Email Address

office@jakekauffman.com

Inspection Contact Information

Inspection Company Name

Jake Kauffman & Son, Inc.

Salutation	First Name	Middle Initial	Last Name
Mr	Troy		Kauffman

Address 1

808 S County Rd 9E

Address 2

City	State	Zip Code
Loveland	CO	805370000

Telephone #	Extension	Fax #
9702155963 Digits only, no separators		Digits only, no separators

Email Address

office@jakekauffman.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	Troy	A	Kauffman

Annual Fee Notice Company Name

Jake Kauffman & Son, Inc.

Address 1

808 S. County Road 9E

Address 2

City	State	Zip Code
Loveland	CO	805370000

Telephone #	Extension	Fax #
9706671557		9706679985
Digits only, no separators		Digits only, no separators

Email Address

office@jakekauffman.com

Remove Existing Contact?

☐ Remove

Salutation	First Name *	Middle Initial	Last Name *
	Michelle		Swenson

Annual Fee Notice Company Name

Jake Kauffman & Son, inc.

Address 1

808 S County Rd 9E

Address 2

City	State	Zip Code
Loveland	CO	80537

Telephone #	Extension	Fax #
9706671557		
Digits only, no separators		Digits only, no separators

Email Address

office@jakekauffman.com

Confirmation

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

☑ Yes