

DRMS ePermitting Change of Contact



COLORADO

Division of Reclamation,
Mining and Safety

Department of Natural Resources

General Information

Submittal Date

12/19/2024

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

Todd

Administrator Last Name

Fisher

Administrator Email

todd.a.fisher.llc@gmail.com

Select a Permit Number *

M1992054

Select Contact Type *

Select all that apply

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

Inspection Contact Information

Inspection Company Name

LBCR, LLC

Salutation

Mr

First Name

Brian

Middle Initial

Last Name

Abeln

Address 1

CAS

Address 2

PO Box 352

City

Ignacio

State

CO

Zip Code

811370352

Telephone

9705606757

Digits only, no separators

Extension

Fax

Digits only, no separators

Email Address

brian.abeln@crossfireaggregate.com

Confirmation

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



Yes