

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

2/5/2025

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 *

M1980049

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 Colorado

Salutation**First Name****Middle Initial****Last Name**

Tim

McCracken

Address 1**Address 2**

560 Dodge 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

Confirmation

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



Yes